

Name  
in  
Full

Franklin D. Allison

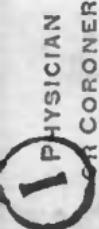
CERTIFICATE OF DEATH

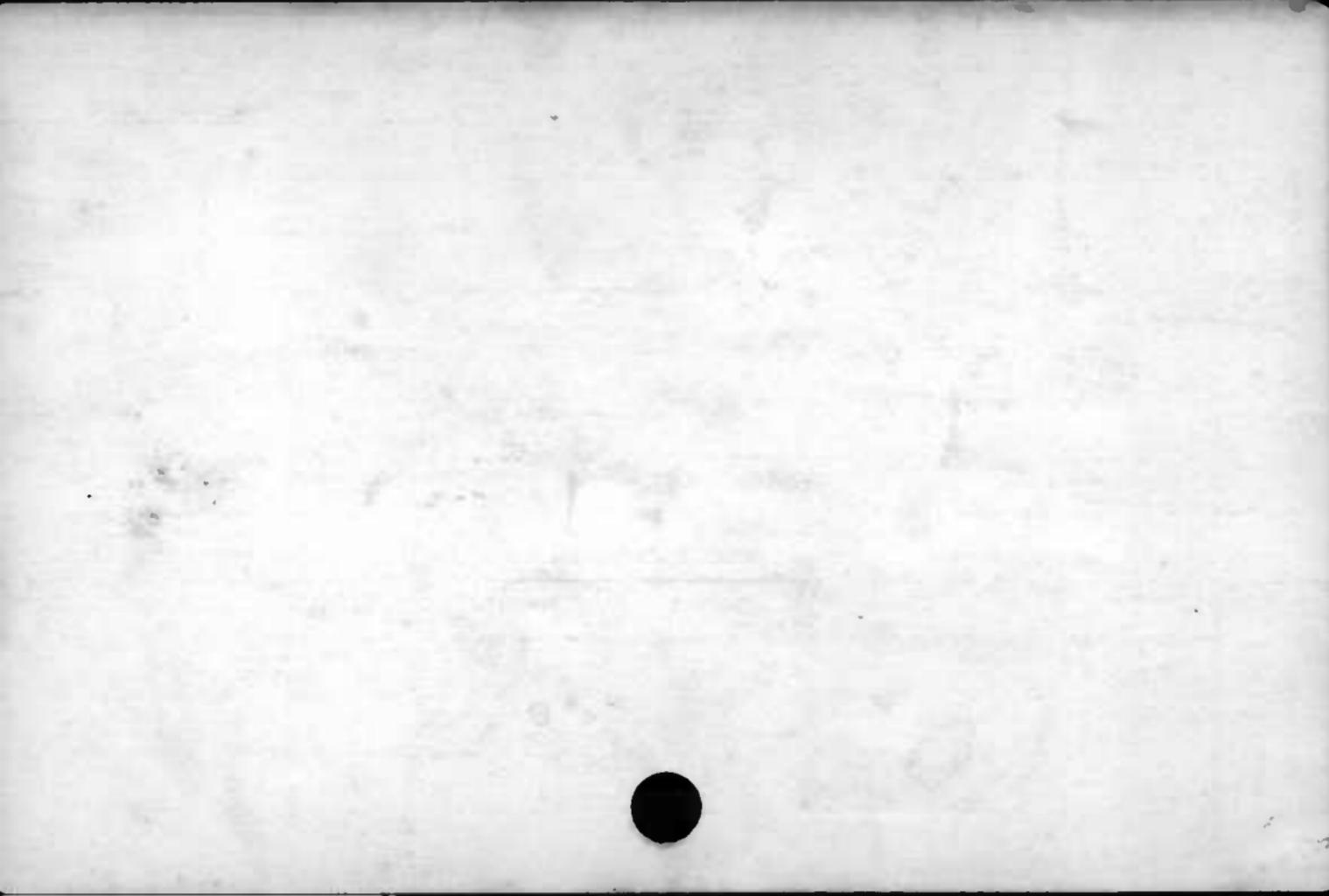
To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at <u>Hyde</u>	<u>Baltimore</u>			
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>16</u>	Years <u>58</u>	Months <u>2</u> Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>		
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>dead</u>			
Father's Name <u>Joseph A. Allison</u>	Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Mariah Hall</u>	Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Benj Allison</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

Primary <u>Lung</u>	How long <u>4 weeks</u>
Immediate <u>Heart failure</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. H. Gorsuch</u>
	Address <u>Fork Md</u>
Accident or Suicide?	





Name  
in  
Full

Theo. A. Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	S.	Name of Wife or Husband			
Father's Name	Alexander Anderson	Father's Birthplace		Norway	
Mother's Maiden Name	Engerber Anderson	Mother's Birthplace		"	
Name of person giving Information	Alexander Anderson	How related to deceased		Father	

CAUSES OF DEATH

Primary	Int. Meningitis	How long	1 wk -
Immediate	Convulsions	How long	3 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. W. B. Boardman
		Address	1713 Park St.
Accident or Suicide?			

I  
PHYSICIAN  
OR CORONER

Mr. Carmel hem.

Herrwig & Son

2/23/07

Name  
in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Elizabeth Archer

CERTIFICATE OF DEATH

Died at Baltimore Town

County Baltimore

MARYLAND

Date of death 1907 Month Feb

Day 25

Years 58 Age 58

Months 6 Days 25

Sex woman

Color or Race

white

Birth-place

Philadelphia

Occupation

Seamstress

Where Residing if not  
at place of death

Baltimore Co

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Henry Archer

Father's Birthplace

Hanford Co

Mother's Maiden Name

Elizana Shantz

Mother's Birthplace

Name of person giving  
information

John S. Archer

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Rheumatism

How long

Four months

Immediate

Heart failure

How long

Five days

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

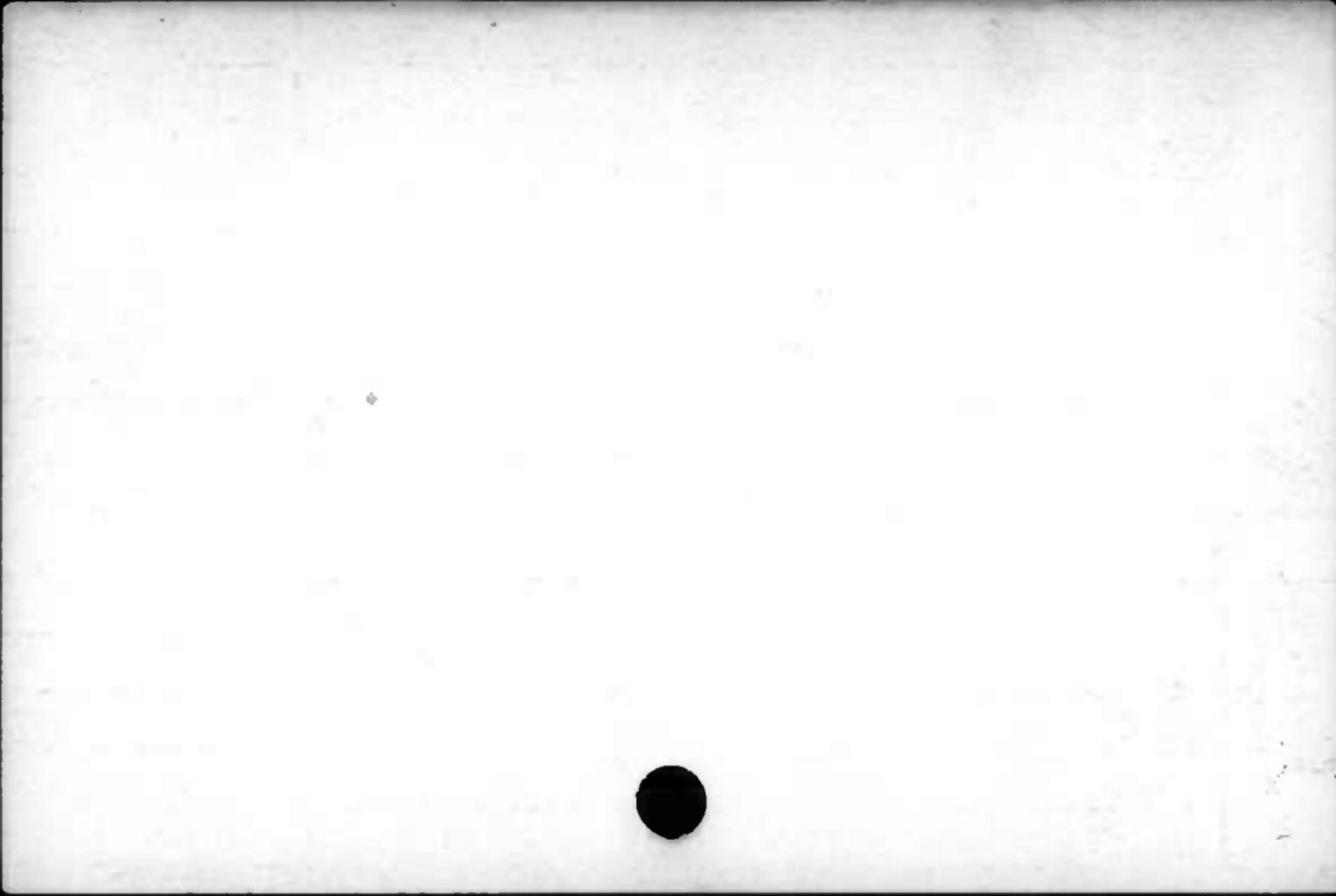
Address

Malcom Dunleavy

Stewartstown, Pa.

Accident or Suicide?

No.



Name  
in  
Full

Roy Drayzel Barnett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month	Day	Years	Months Days
Sex Male	Color or Race	Age X		
Occupation X	Where Residing if not at place of death Baltimore home			
Married, Single or Widowed X	Name of Wife or Husband X		Father's Birthplace	Baltimore Maryland
Father's Name William Franklin Barnett			Mother's Birthplace	Baltimore Maryland
Mother's Maiden Name Cecilia May Wilhelmina			Name of person giving information	How related to deceased Father
Wm Franklin Barnett				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

La. Grippe

(D)

How long

4 days

Immediate

Meningitis

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

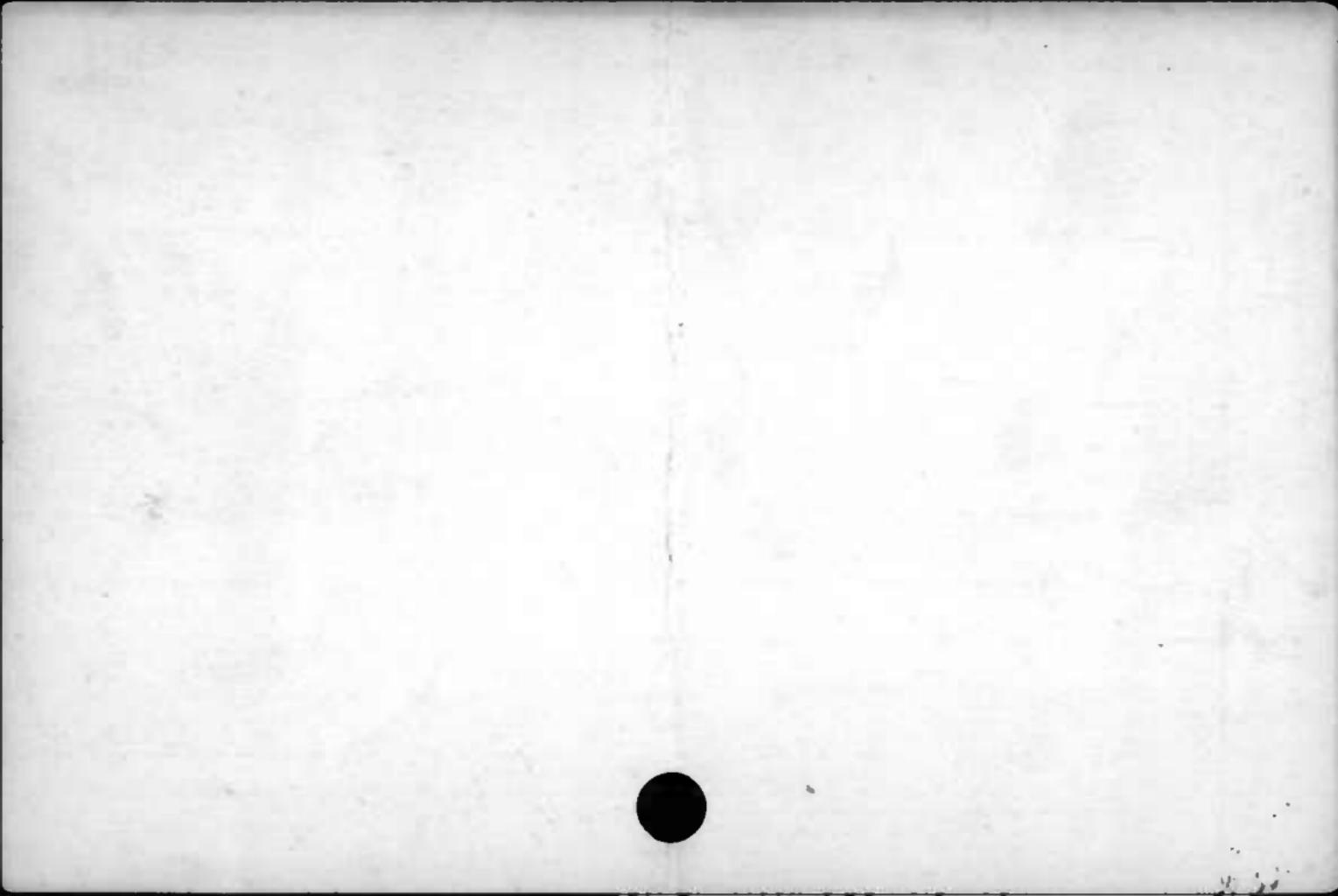
Signature of Physician

Address

Dickie Berrisons  
Rockeysville Md



Accident or Suicide?



Name  
in  
Full

Barrie Elizabeth Barnes

CERTIFICATE OF DEATH

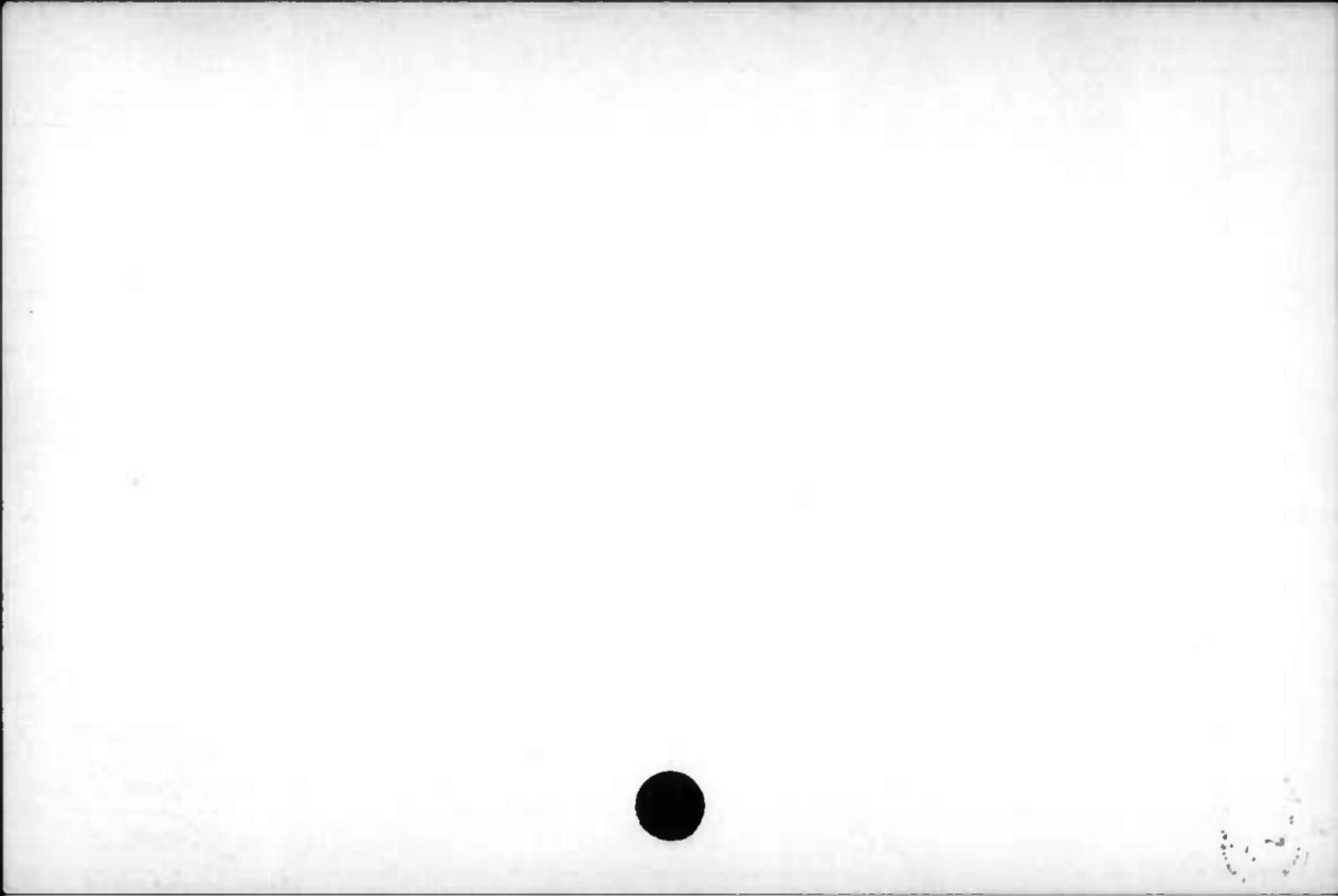
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	2	8	2	4	9
Sex	Female	Color or Race	W	Birth-place	Baltimore
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Steward R Barnes				
Mother's Maiden Name	Marie Annie S Beemiller				
Name of person giving information	S R Barnes				
CAUSES OF DEATH					
Primary	Laryngeal Diphtheria				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
			S. M. Malpfield Baltimore Md.		

PHYSICIAN  
OR CORONER

1

Accident or Suicide?



Name  
in  
Full

Mary P. Beale

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death	Month	Day	Years	Months	Days
of death 1907	2	15	Age 70	-	-
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	None	Where Residing if not at place of death	1129 - 1 <sup>st</sup> St.		
Married, Single or Widowed	Married	Name of Wife or Husband	John Beale	Father's Birthplace	Baltimore
Father's Name	John Wood	Mother's Maiden Name	Elizabeth Wright	Mother's Birthplace	" "
Mother's Maiden Name	Elizabeth Wright	Name of person giving information	Bessie B. Summer	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

La grippe

How long

2 days

Immediate

Diarrhoea

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas Dr Thompson  
3 and 3/4 rough  
Highlandtown

Accident or Suicide?

no

Greenmount Inn

J. Hennig Son

2/17/07

Name  
in  
Full

Rolandus Beakuer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt Hope Retirement</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>16<sup>th</sup></u>	Years <u>57</u>	Months	Days	<u>unknown unknown</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Pa.</u>				
Occupation <u>Cigar Mfg -</u>	Where Residing if not at place of death <u>622 N. Corey St -</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>unknown</u>	Baltimore Md -				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>					
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>Reed Mt Hope Retirement</u>	How related to deceased <u>not at all</u>					

CAUSES OF DEATH

Primary

Paresis

(6)

How long

over 6 yrs -

How long

about 2 wks -

Immediate

Ex. Status Epilepticus

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Frank J. Flannery MD

Address

Mt Hope Retirement  
Baltimore Co Md -

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

Minnie B Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	25	2	1
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Wickeyville, Md			
Father's Name	Walter G Bell				
Mother's Maiden Name	Carroll Co Md				
Name of person giving information	How related to deceased				

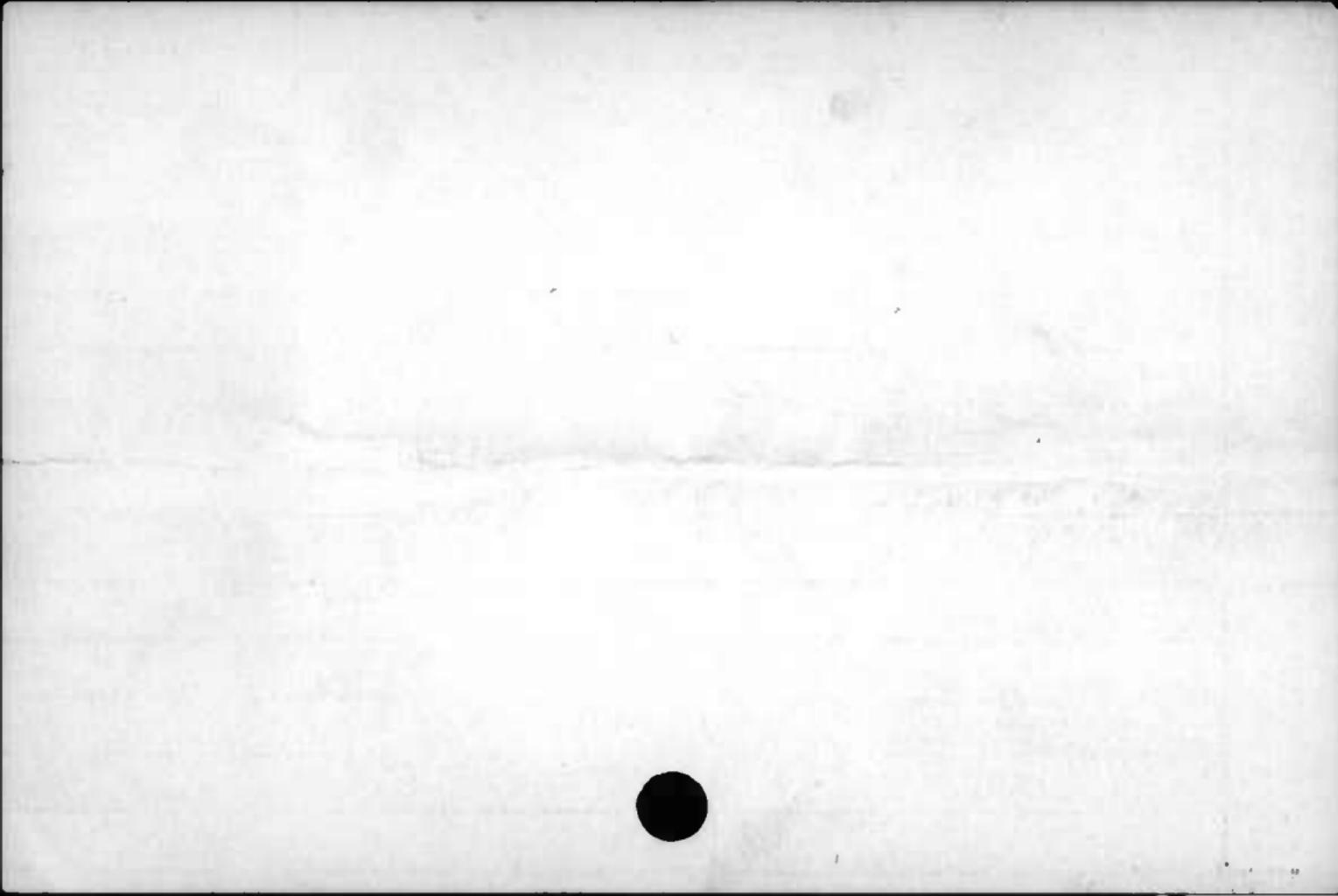
*Female* *White* *Carroll Co Md*  
*House duties* *Wickeyville, Md*  
*Married* *Walter G Bell*  
*Carl G Barnes* *Carroll Co Md*  
*Ola J Williams* *Carroll Co Md*  
*Walter G Bell* *6 yr*

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	
Immediate	Cardiac Arrest	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	<i>R.C. Dennis</i>	<i>Woodlawn Sta</i>
Accident or Suicide?	Md.	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Anna Barbara Betty

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	67		8
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Betsy	<del>Germany</del>		
Father's Name	Henry von Krieger	John Betsy	Father's Birthplace	Germany	
Mother's Maiden Name	Anna Mary Krieger	John Betsy	Mother's Birthplace	Germany	
Name of person giving information	John Betsy		How related to deceased	Son	

CAUSES OF DEATH

Primary

Organic Heart Disease 3 years

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

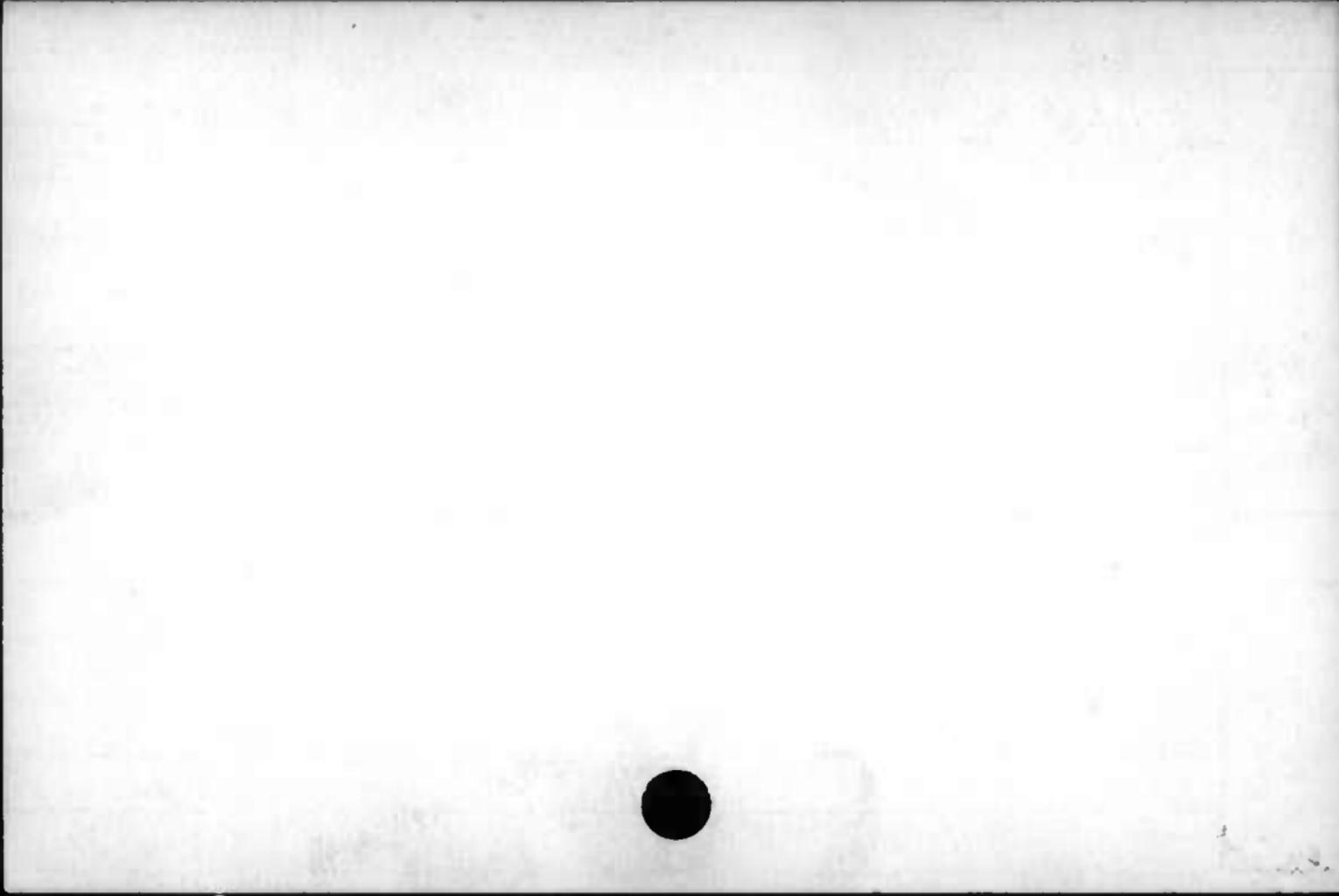
Address

6, Avenue Rossview Rd  
Md

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Bily

Town

Parkville

CERTIFICATE OF DEATH

MARYLAND

Died at

County

Baltimore

Date  
of death

Month

Day

Years

52

Months

6

Days

—

Age

Sex

Male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of death

Parkville

Married, Single  
or Widowed

Name of Wife  
Husband

Catharin Stockman

Father's  
Name

Peter Bily

Father's  
Birthplace

Europe

Mother's  
Maiden Name

Dorathe Bauer

Mother's  
Birthplace

"

Name of person giving  
Information

Joseph Bily

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

Schistosomiasis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

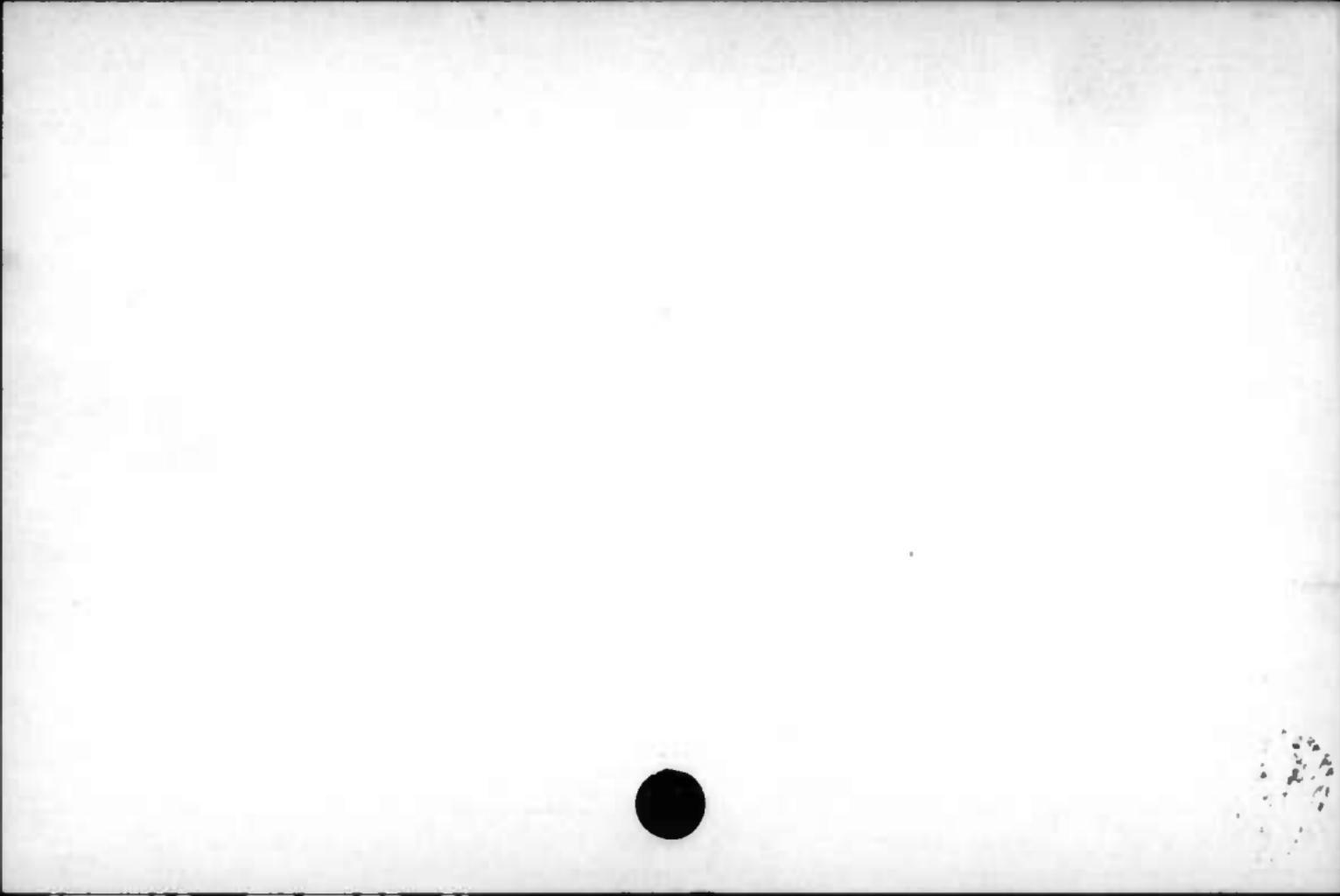
Signature of  
Physician

Address

Wm. G. Whitford  
Parkville, Md.

1

Accident or Suicide?



Name  
in  
Full

Frank Roboskoški

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. St. Hope Retreat</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>18<sup>th</sup></u>	Years <u>19</u>	Months <u>unknown</u>	Days <u>unknown</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Island</u>			
Occupation <u>Religious.</u>		Where Residing if not at place of death <u>Hobucki Howard Co</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>to none -</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>L'U</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Reeds Mt. St. Hope</u>	How related to deceased <u>not at all -</u>				

CAUSES OF DEATH

Primary Malaria agouti (68) How long nearly 3 wks -

Immediate Ex - How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Frank J. Flannery

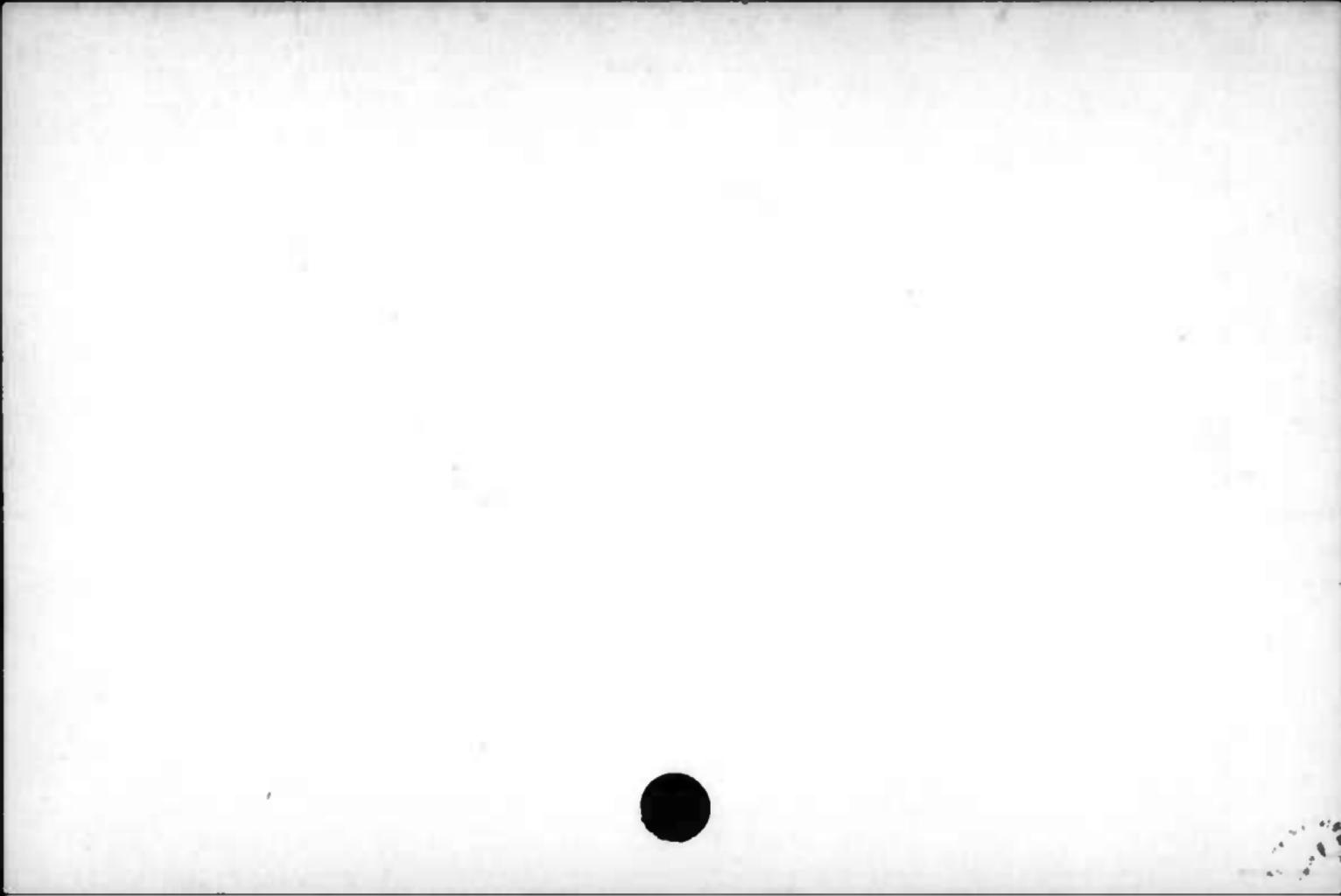
Address

Mt. St. Hope Retreat  
Baltimore Co Md -

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Dr. John Edward Bolte

CERTIFICATE OF DEATH

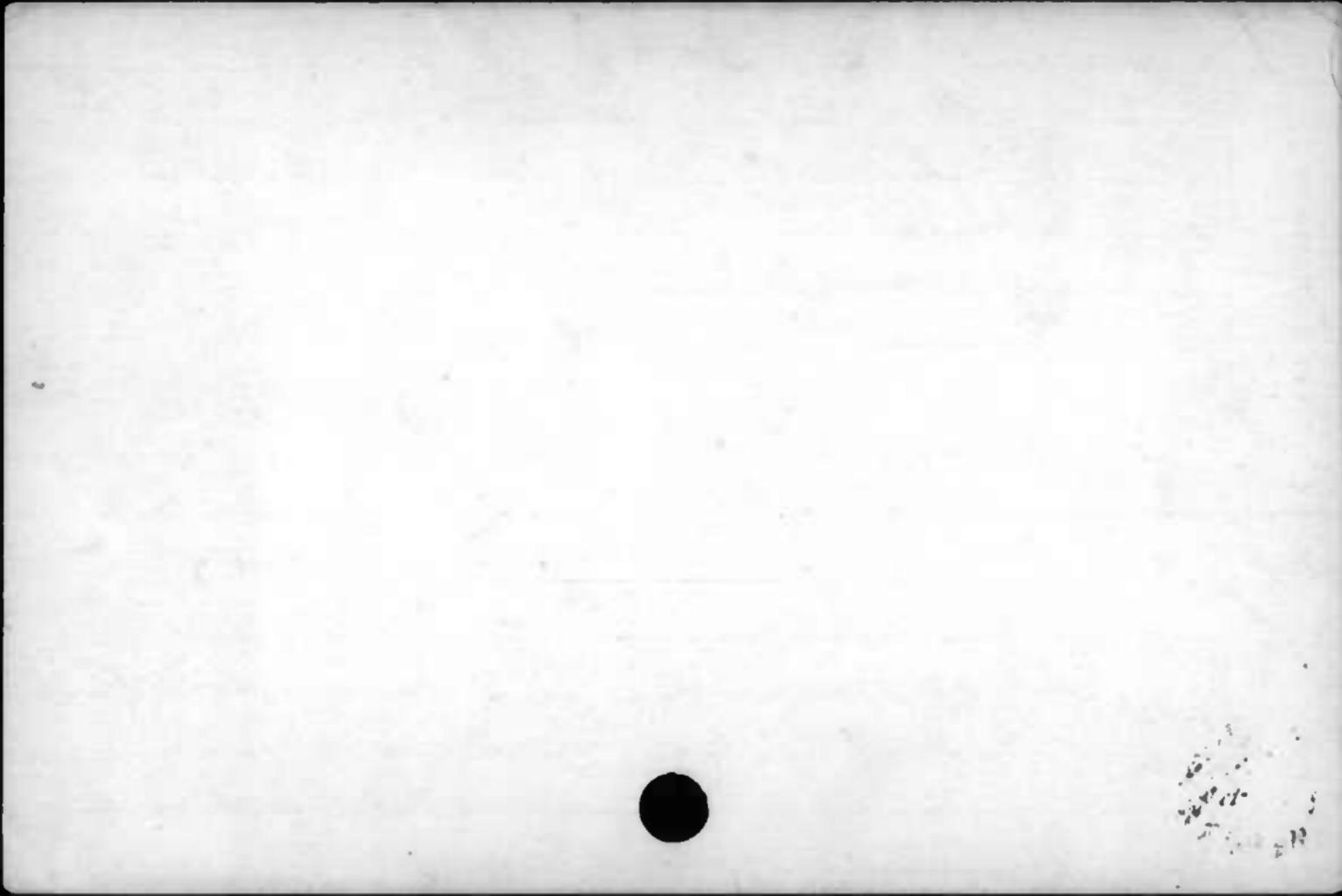
To BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Harrisonville	County	Bolte.	MARYLAND							
Date of death	1907	Month	Feb.	Day	16	Years	41	Months	9	Days	20
Sex	Male	Color or Race	White	Birth- place	Md.						
Occupation	Physician	Where Residing if not at place of death									
Married, Single or Widowed	Married	Name of Wife	Cora K. Bolte								
Father's Name	conrad Bolte	Father's Birthplace	Germany								
Mother's Maiden Name	Friedericka Hentzel	Mother's Birthplace	Germany								
Name of person giving Information	mrs. Maggie Bolte	How related to deceased	Sister								

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long	2 1/2 yrs.	
Immediate	Paroxysis		How long	1 yr.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	MD Morris		
		Address	Eldersburg Md.		
Accident or Suicide?			LIBRARY BUREAU AUG 21 1968		

1



Name  
in  
Full

Francis Edward Botterill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gowmstown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	Feb	1st	35	7	8
Sex	Male	Color or Race	white	Birth-place	Balto. city
Occupation	Appraiser Chesapeake Svan Co.				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Ida Botterill		
Father's Name	Francis Botterill				
Mother's Maiden Name	Susie Brooks.				
Name of person giving information	Susie Botterill				
Father's Birthplace	Balto. Co.				
Mother's Birthplace	Gowm. Md.				
How related to deceased	Mother				

CAUSES OF DEATH

Primary	Tuberculosis		How long	18 months
Immediate	Exhaustion		How long	1 month.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Hobkess M.D.	
		Address	Gowmstown, Md.	
Accident or Suicide?	Neither			



Geo W. Little  
531 Fremont ave.  
Balto Md.

Greenmount Sunday

Name  
in  
Full

John Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Powson	Baltimore	
Date of death	Month	Day	Years Months Days
of death 1907	2	15	Age 53
Sex	Male	Color or Race	Birth-place
	White		Baltimore
Occupation	Where Residing if not at place of death		
	Loser		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	Mrs Howard Francis		
(59)			
CAUSES OF DEATH			
Primary	Melancholia	How long	
	Self inflicted pistol shot wound	immediate	
Immediate	Wound in heart	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. C. Macsenbury
Yes		Address	Powson

PHYSICIAN  
CORONER



Accident or Suicide?

Suicide inquest by Jas. B. Herbert J. P.

Wm Cook,

Beth Cemetery

Feb 1<sup>st</sup>

Removal to  
507 North Ave

Name  
in  
Full

Marian Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	2	11	0	0	0	
Sex	Male	Color or Race	Where Residing if not at place of death		Parkton	
Occupation						
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Hilton Eddie Brewer			Father's Birthplace	Md.	
Mother's Maiden Name	Grace Virginia Brewer			Mother's Birthplace	Md.	
Name of person giving information	Hilton Eddie Brewer			How related to deceased	Father	
CAUSES OF DEATH						

Primary

Stile Bone

How long

Stile Bone

Immediate

" "

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

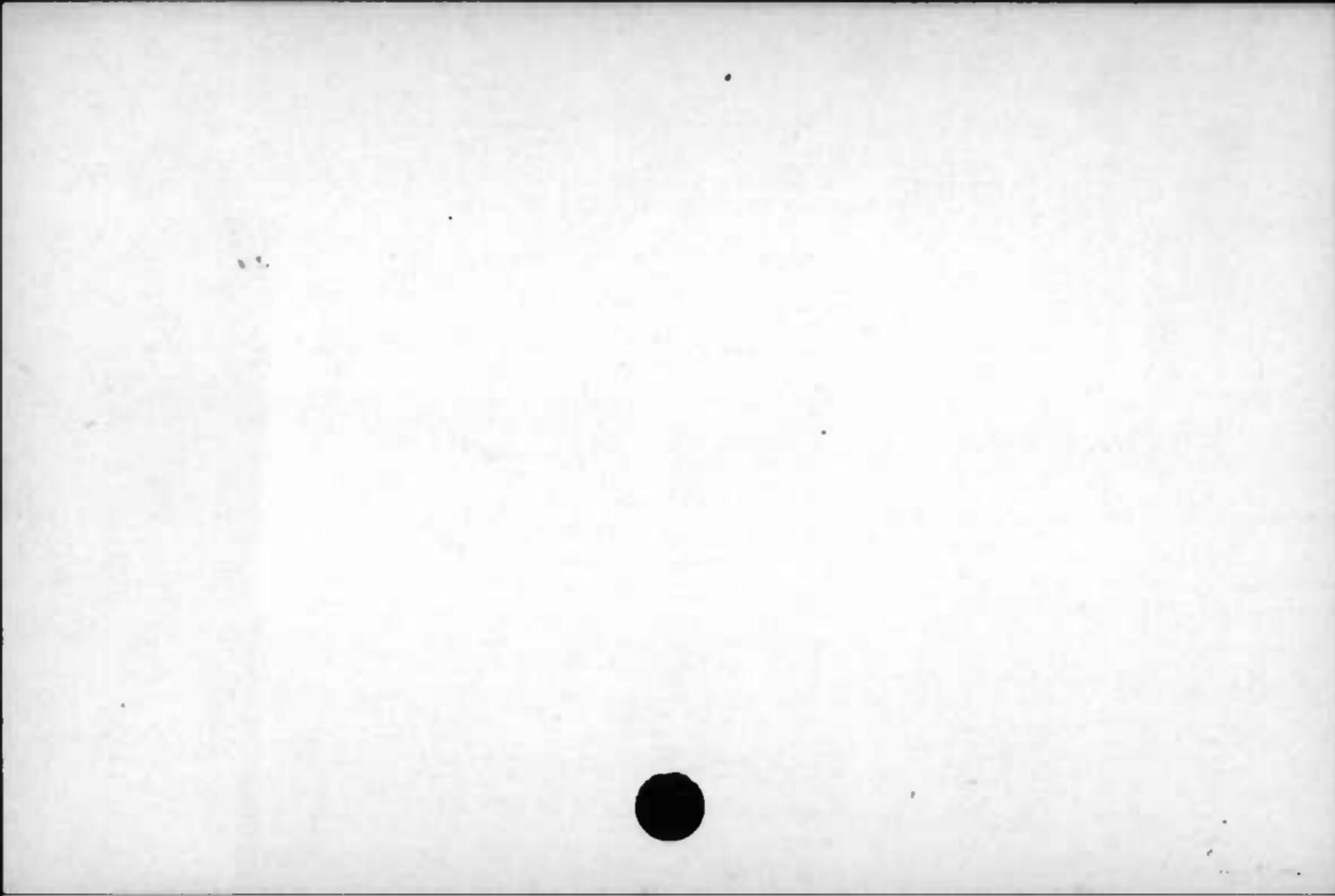
yes

Address

EWOT Leyda, Md.  
Parkton

Accident or Suicide?

je



Name  
in  
Full

J. H. Bryan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Mt Hope Retreat	Baltimore	
Date of death	Month	Day	Years
1907	Feb	8th	Age 39
Sex	Color or Race	Birth-place	Months Days
Male	White	Virginia	unknown unknown
Occupation	Where Residing if not at place of death	Baltimore City	
Married, Single or Widowed	Name of Wife or Husband	unknown	
Married	unknown		
Father's Name	Father's Birthplace	unknown	
unknown			
Mother's Maiden Name	Mother's Birthplace	' "	
"		' "	
Name of person giving information	How related to deceased	not at all -	
Recd. Mt Hope Retreat			

CAUSES OF DEATH

Primary Gusto-enteritis - Auto toxæmia -  
Vasomotor Paralysis suddenly

How long  
about 2 weeks -

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

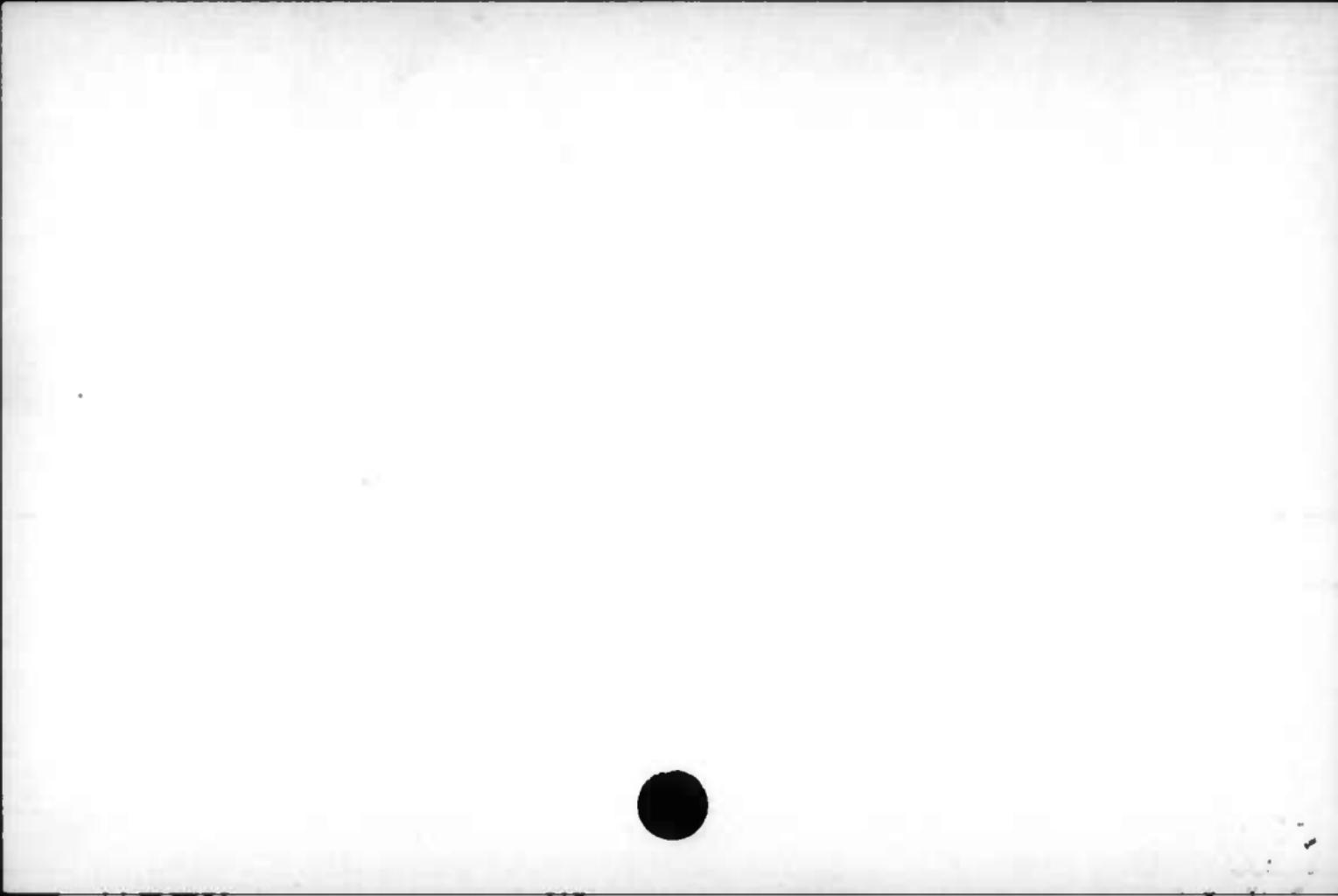
Yes

Signature of Physician

Address

Frank J. Flannery M.D.  
Mt Hope Retreat Bel Air Md.

Accident or Suicide?



Name  
in  
Full

Heresa Clara Busick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Father's Name	Joseph O Busick		Joseph O Busick	Md	
Mother's Maiden Name			Mother's Name	Mother's Birthplace	
Name of person giving Information	Jos. A Busick		How related to deceased	Father	

CAUSES OF DEATH

Primary

De avitio

(15)

How long

Immediate

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. Wallace  
Rossview  
Md

1

Accident or Suicide?

Entombed  
St Peters Cemt  
Belair Road  
Geo W Grammer  
undertaker

Name  
in  
Full

Emey. Wise, Buttils

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Montgomery	Baltimore			
Date of death	1907	Month	Feb.	Day	10
Age	Years		Months		Days
Sex	Male	Color or Race	Black	Birth-place	Montgomery
Occupation	Where Residing if not at place of death Montgomery				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Daniel Wise Buttils.		Father's Birthplace	Havard Co No	
Mother's Maiden Name	Harriettann T. Davis		Mother's Birthplace	Havard Co.	
Name of person giving information	Daniel Wise Buttils		How related to deceased	Father	

CAUSES OF DEATH

Primary

Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Holy Cross Med.  
Arlington

Accident or Suicide?

St Johns Church -  
Feb 12-1907

A. L. Max Ball  
3539 Fallo Road

Name  
in  
Full

Edward R. Cardwell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	2508 Amst. Balto.			
Father's Name	Jm. Dabney	Vir.			Father's Birthplace
Mother's Maiden Name	Don't know	dont know			Mother's Birthplace
Name of person giving Information	Harold Cardwell	Brother			How related to deceased

CAUSES OF DEATH

Primary

Broken Neck.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

David A. Thompson

1500 Highland Ave.

Baltimore 30 Md

I

PHYSICIAN  
OR CORONER

Accident or Suicide?

Accident

John Moran, Undertaker

Mt. Carmel -

Name  
in  
Full

Luigi Carrizzo

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

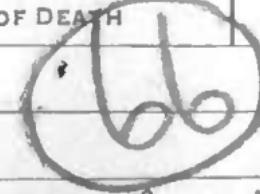
Died at		Town	County		MARYLAND	
Died at	Texas Mo.	Baltimore			Months	Days
Date of death	1907	Month	Day	Years		
Sex	male	Color or Race	Age	33		
Occupation	labor	Where Residing if not at place of death			Texas Mo.	
Married, Single or Widowed	Married	Name of Wife or Husband	Louise Corney			Louis Corney
Father's Name	Giuseppe	Father's Birthplace			Italy	
Mother's Maiden Name	Giuseppa Sgarlata	Mother's Birthplace			Italy	
Name of person giving Information	Joseph Bonnione	How related to deceased			None	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis



How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Joseph Bonnione M.D.  
266 W. Green St.

Accident or Suicide?

To Be Buried By  
Enson & Price  
at St Joseph Cemetery  
Zepo

Name  
in  
Full

Virginia Pauline Barr

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Parkton

County Baltimore

MARYLAND

Date of death 1907 Month 2 Day 7 Years \_\_\_\_\_ Months 4 Days \_\_\_\_\_

Sex Female

Color or Race

white

Birth-place near Parkton

Occupation \_\_\_\_\_

Where Residing if not  
at place of death  
" "

Married, Single  
or Widowed \_\_\_\_\_

Name of Wife or  
Husband \_\_\_\_\_

Father's Name Wm. Elbarr

Father's Birthplace Maryland

Mother's Maiden Name Barrie B. Rosier

Mother's Birthplace " "

Name of person giving  
Information Barrie B. Barr

How related  
to deceased Mother

CAUSES OF DEATH

Primary

Measomus

How long

2 months

Immediate

Ta-Enippe

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R.R. No. 1  
Parkton

Md

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Aquila Chilcoat

Died at Butler Town

County Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Month 2 Day 1 Years 88 Age 88 Months 2 Days —

Sex Male Color or Race White Birth-place Shawau Md

Occupation Farmer Where Residing if not at place of death Butler md

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George Chilcoat

Father's Birthplace

Butler md

Mother's Maiden Name

Matilda Mathews

Mother's Birthplace

Shawau Md.

Name of person giving information

Chas M. Chilcoat

How related to deceased

Son —

CAUSES OF DEATH

Primary

Inferioritis 70ed ago.

(15V)

How long

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Drach Md  
Butler md



Accident or Suicide?

Interment at Dover  
Cemetery Back lot  
Monday Feb 4<sup>th</sup> 07

W. C. Brooks

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

Died at <u>Upper Falls</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>15</u>	Age <u>86</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Penns.</u>		
Occupation <u>laborer</u>		Where Residing if not at place of death <u>not known</u>				
Married, Single or Widowed	Name of Wife or Husband		<u>not known</u>			
Father's Name	<u>not known</u>		Father's Birthplace	<u>not known</u>		
Mother's Maiden Name	<u>not known</u>		Mother's Birthplace	<u>not known</u>		
Name of person giving Information	<u>Garrett Standiford</u>		How related to deceased	<u>son</u>		

CAUSES OF DEATH

Primary

Paralysis -

66

How long

several years

Immediate

General debility

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

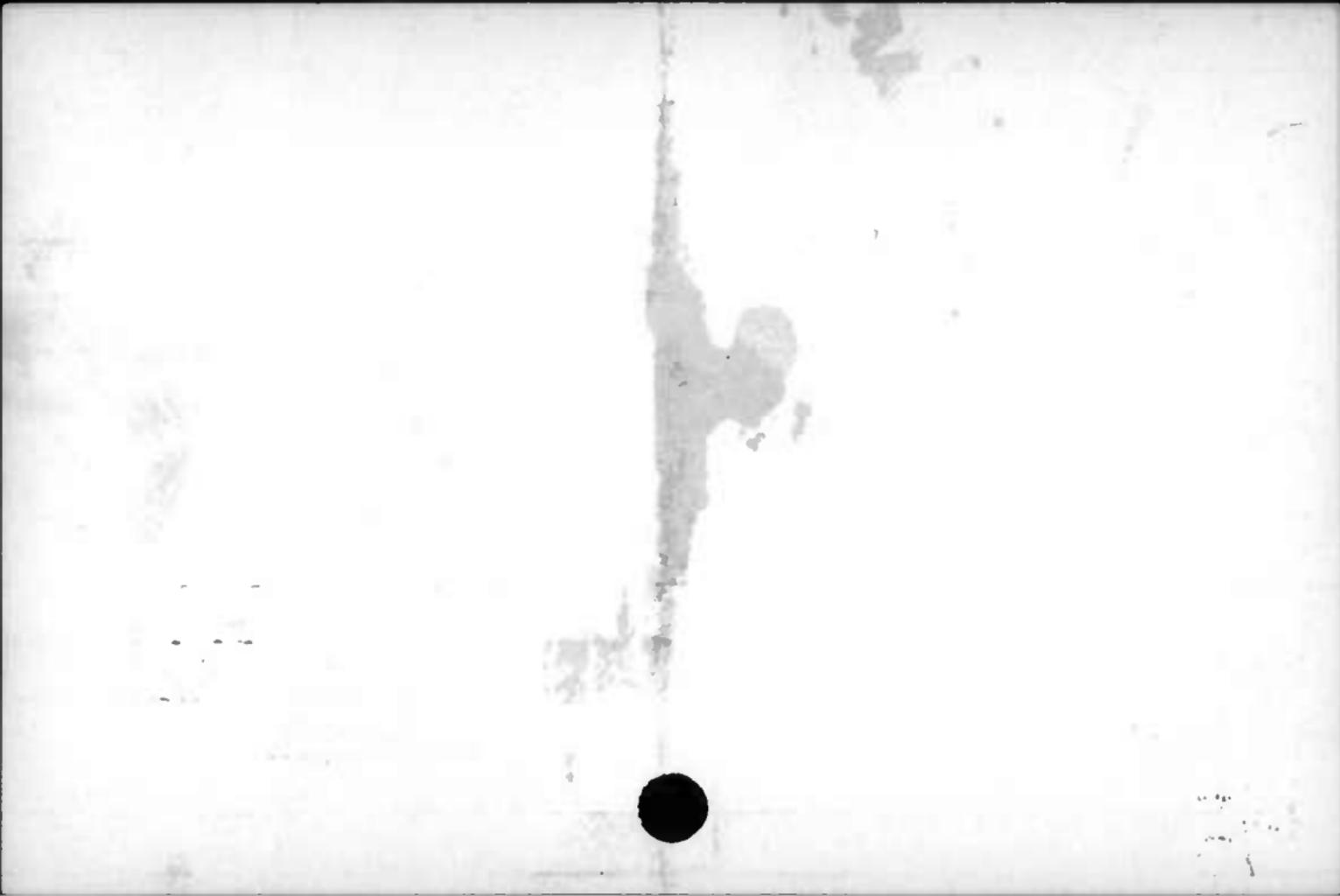
Signature of Physician

Address

Mr. George A. S.  
Franklinville

Accident or Suicide?

No



Name  
in  
Full

Kildah P. Cole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel P Cole				
Mother's Maiden Name	Sarah E Miles				
Name of person giving information	Samuel P Cole				
Buster Md.					
Philadelphia Md.					
Father.					

PHYSICIAN  
OR CORONER



CAUSES OF DEATH

Primary

Enteritis

105

How long

three days.

Immediate

Convulsions

How long

2 hours.

Are the name, age, sex, color, date and place correctly given above?

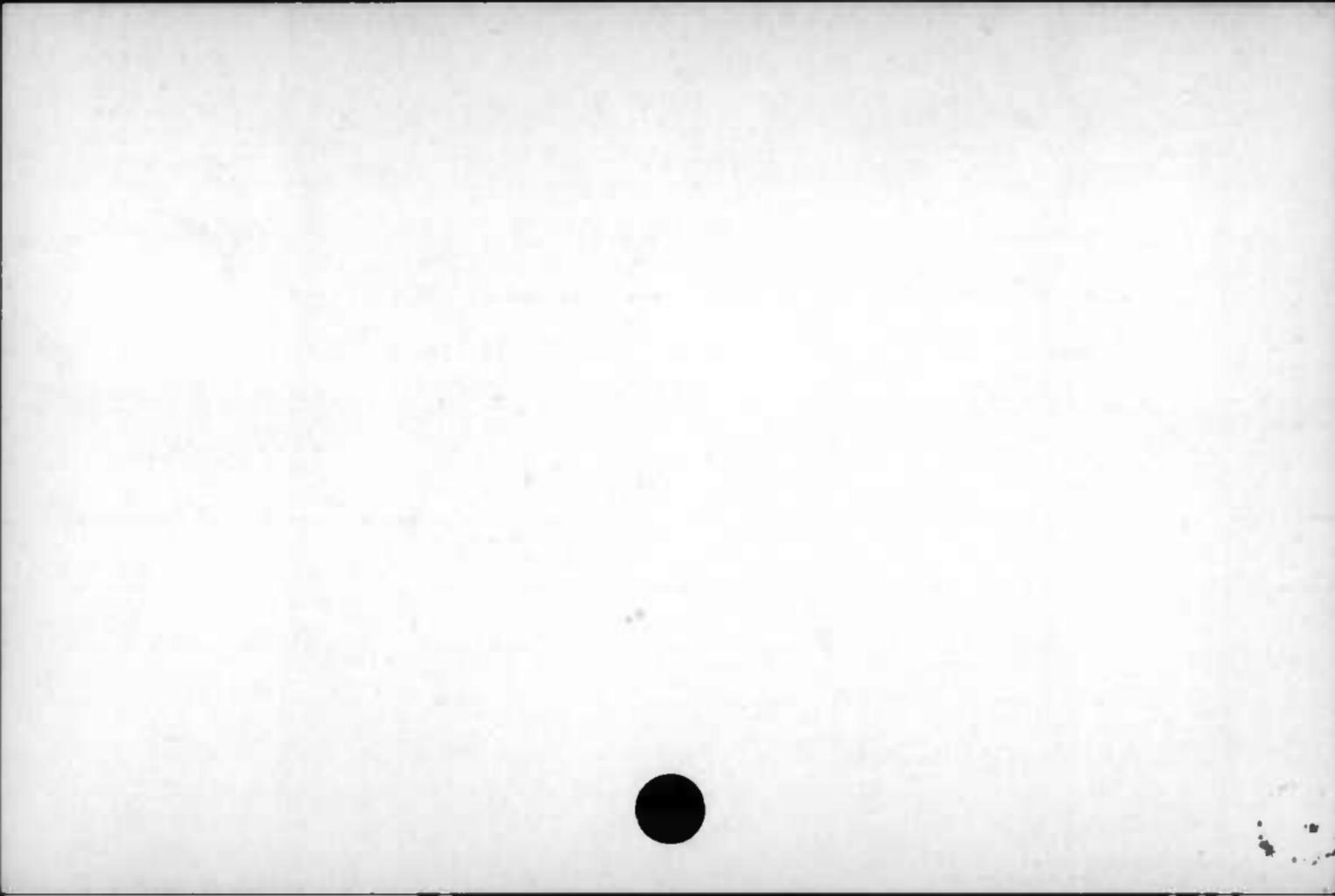
Yes

Signature of Physician

Address

A. R. Mitchell,  
Mount St. Md.,

Accident or Suicide?



Name  
in  
Full

James Conner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month Feb.	Day 20	Years 49	Months 11 Days
Sex Male	Color or Race White	Birth-place Ireland		
Occupation Laborer	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Anna Wallace	Father's Birthplace Ireland		
Father's Name	—	Mother's Birthplace Ireland		
Mother's Maiden Name	—	Mother's Birthplace Ireland		
Name of person giving Information	Mamie Sebouy	How related to deceased Daughter		
CAUSES OF DEATH				
Primary	valvular Disease Heart	How long 3 days to death		
Immediate		How long		

PHYSICIAN  
OR CORONER

1

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. A. Athey

Accident or Suicide?

Sacred Heart Cemetery

Feb 23<sup>rd</sup> 07

Germanus Strance

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Cowesne</u>		Town	County <u>Baltimore</u>			
Date of death <u>1907</u>	Month <u>3</u>	Day <u>21</u>	Years <u>55</u>	Age <u>55</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Cowesne</u>		Birthplace <u>Ireland</u>		
Occupation <u>Housewife</u>	Name of Wife or Husband <u>John Cunniff</u>					
Married, Single or Widowed <u>Widowed</u>	Father's Birthplace <u>Ireland</u>					
Father's Name <u>Thomas Hayden</u>	Mother's Birthplace <u>Ireland</u>					
Mother's Maiden Name <u>Delia O'Byan</u>	How related to deceased <u>Daughter</u>					
Name of person giving information <u>Chola Cunniff</u>						

CAUSES OF DEATH

Primary

Asphyx

(X)

How long

6 hours

Immediate

Cerebral Asthma

How long

20 minutes

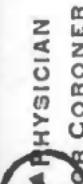
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jr. Hospital Gen M.D.  
Cowesne Md.



Accident or Suicide?

John Burns Sons

W. Marie Cemetery  
Tours

Name  
in  
Full

Joseph Garocan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month July	Day 10	Years 20	Months	Days
Sex Male	Color or Race White	Birth-place Baltimore City			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Jno H Garocan	Father's Birthplace Md				
Mother's Maiden Name Borbora Powers	Mother's Birthplace Md				
Name of person giving Information Jno H Garocan	How related to deceased Father				

CAUSES OF DEATH

(3)

PHYSICIAN OR CORONER  
1

Primary Lobar Pneumonia How long

Immediate Cardiac Failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Post Office,  
2 Hudson St

Accident or Suicide?

Sound Recd Cen  
July 18<sup>th</sup> 07  
Geronimi Bruce

Name  
in  
Full

Bowen Wm. E.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at St Agnes Hospital.	Baltimore			
Date of death 1907 Feb.	Month	Day	Years	Months
		13	Age 63	Days
Sex Male.	Color or Race	W hite.	Birth-place	England.
Occupation Photographer	Where Residing if not at place of death 2900 Park Wood Ave.			
Married, Single or Widowed Single	Name of Wife or Husband		Father's Birthplace	England
Father's Name Abraham Bowen			Mother's Birthplace	"
Mother's Maiden Name Eliza Edwards			How related to deceased	Sister.
Name of person giving information Mrs Thayer.				

CAUSES OF DEATH

Primary

Anemys Arta.

How long

(S)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

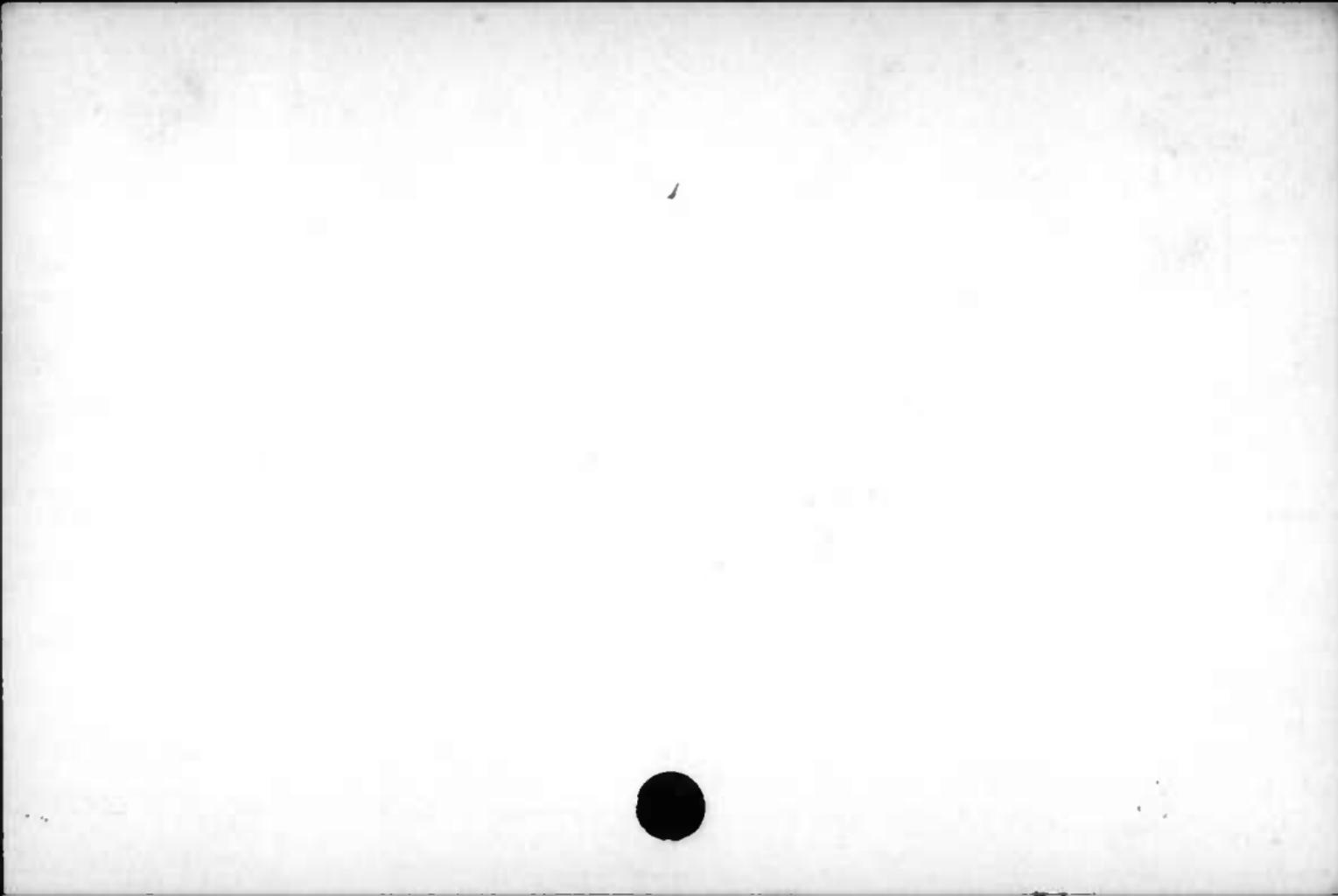
J.W. Shaw

Address

St Agnes Hospital.

I

Accident or Suicide?



Name  
in  
Full

David W. Crops

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rogers Station			
Father's Name	Caroline A. Crops		Father's Birthplace	Joh Pa.	
Mother's Maiden Name	Daughter		Mother's Birthplace	" "	
Name of person giving Information	Emily Crops		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility-

(64)

How long

Immediate

Cerebral Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

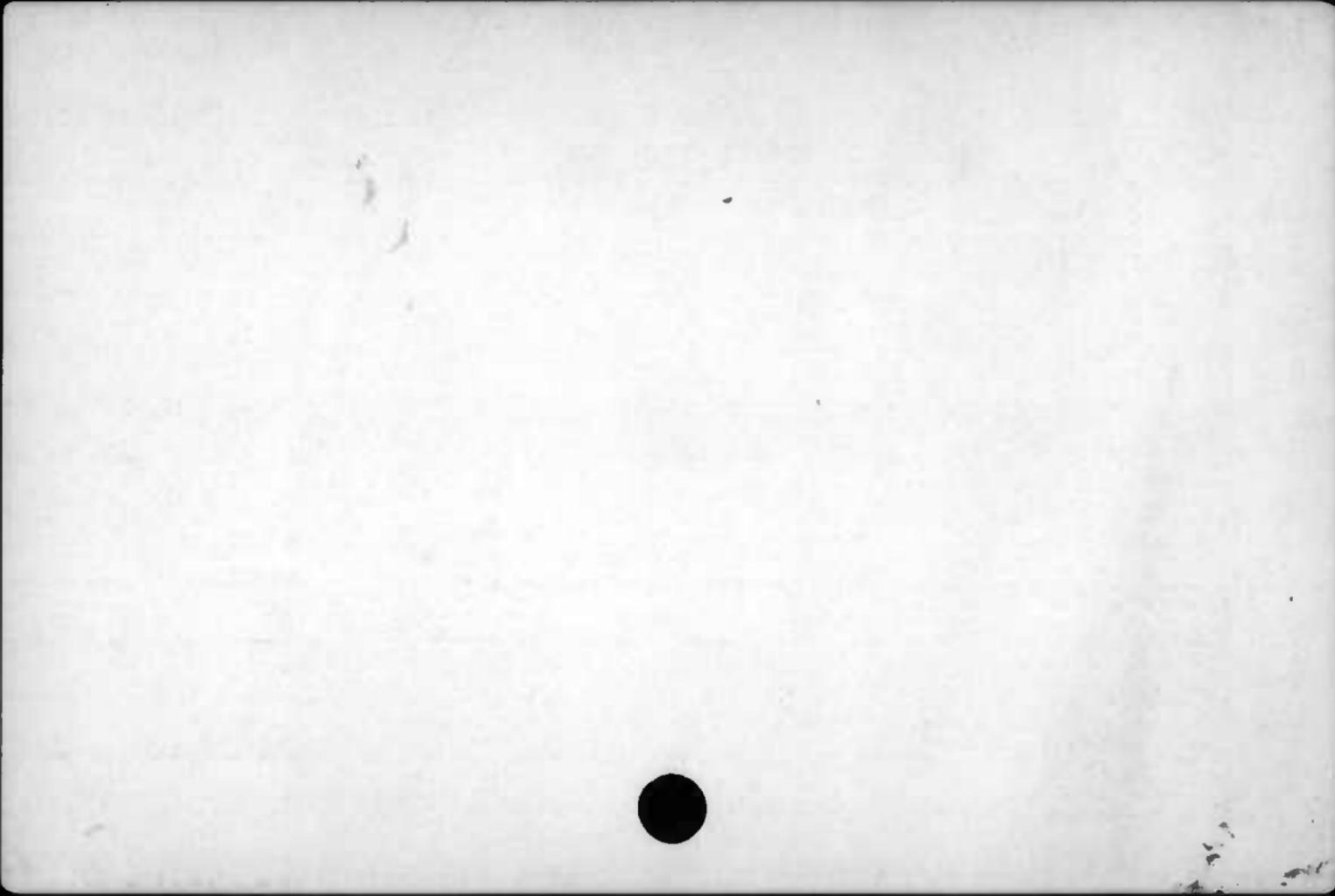
Signature of Physician

Address

N. Terri Taylor  
Pittsfield Md



Accident or Suicide?



Name  
in  
Full

Elsie Daily

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>In Washington</u>		County <u>Balt.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>15</u>	Years <u>20</u>	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u>Sweat Binder</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Jesse Daily</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Kate Barnett</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Jesse Daily</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>General Tuberculosis</u>	How long <u>10 months</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C H Beeton</u>
	Address <u>In Washington</u>
Accident or Suicide?	

PHYSICIAN  
OR CORONER

Spaz. Sla. P. Callo W.  
Feb. 17 - 87

W. D. Brooks -  
Philofilia Md.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month Feb.	Day 15 <sup>th</sup>	Years 35	Months 11	Days 27
Sex	Male	Color or Race	white		Birth-place	Michigan
Occupation	Saloon Keeper		Where Residing if not at place of death		221 N. Clinton	
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Feekley		Father's Birthplace	Ireland
Father's Name	Martin Daley				Mother's Birthplace	"
Mother's Maiden Name	Margaret "				How related to deceased	Wife
Name of person giving information	Mrs Catherine Daley					

## CAUSES OF DEATH

Primary

Lobar Pneumonia

(93) How long

7 days

Immediate

Toxemia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

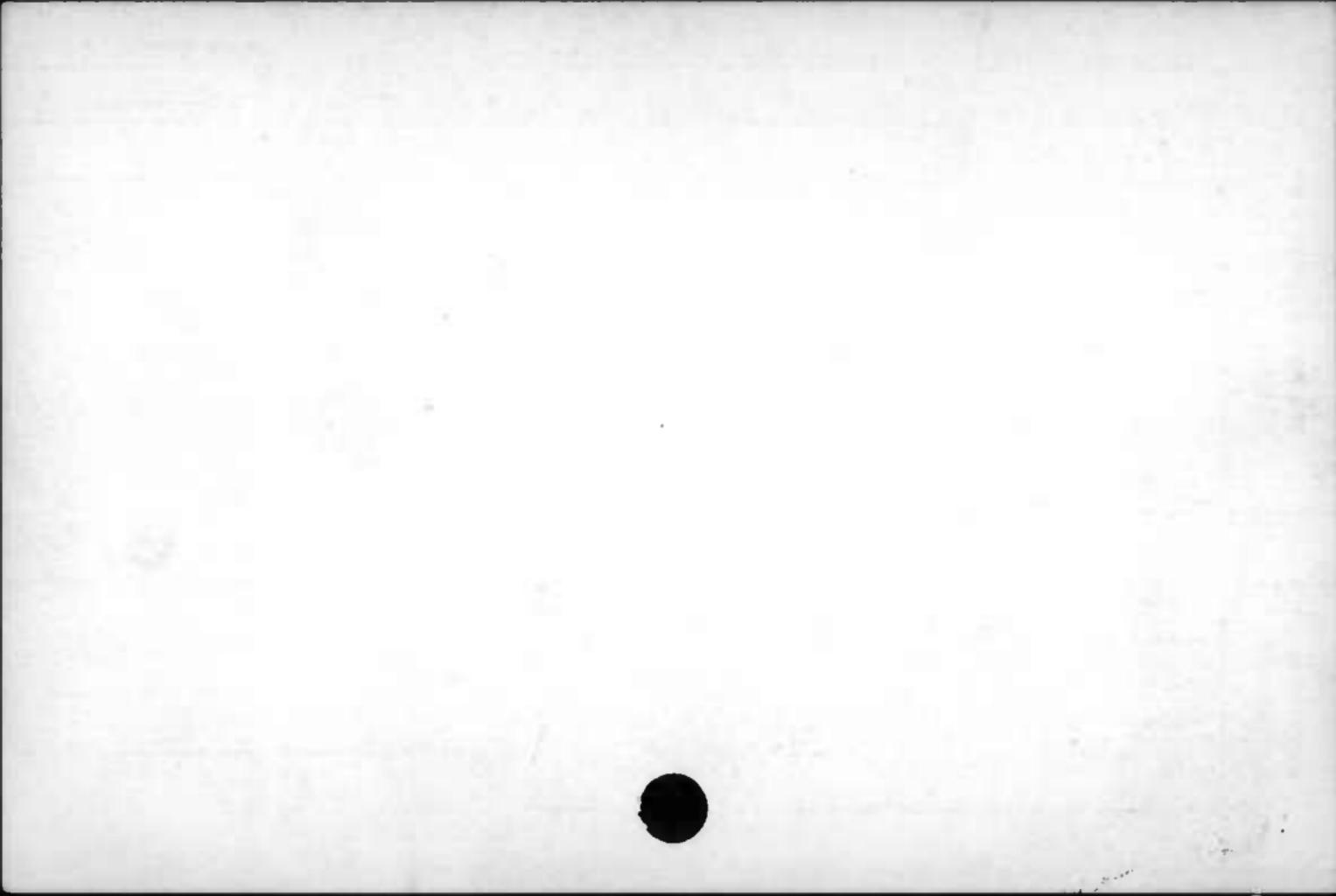
Signature of Physician

M. J. McCarty M.D.  
839 S. Gaithers

Address



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

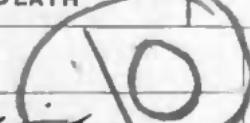
PYICHIAN  
CORONER

Died at <u>Beyville</u>		Town	County <u>Baltimore</u>		CERTIFICATE OF DEATH <b>MARYLAND</b>	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>4</u>	Years <u>70</u>	Age	Months	Days
Sex <u>Femal</u> e	Color or Race <u>White</u>			Birth-place <u>Baltimore County</u>		
Occupation <u>Passenger</u>	Where Residing If not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robert H. Davis</u>				Father's Birthplace <u>168</u>	
Father's Name <u>Don't know name, Deduced</u>	Last Name <u>last name</u>			Mother's Birthplace <u>168</u>		
Mother's Maiden Name <u>Louisa Don't know last name</u>				How related to deceased <u>Husband</u>		
Name of person giving information <u>Robert H. Davis</u>						

CAUSES OF DEATH

Primary

Grippa



How long

Six days

Immediate

Acute Bronchitis

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

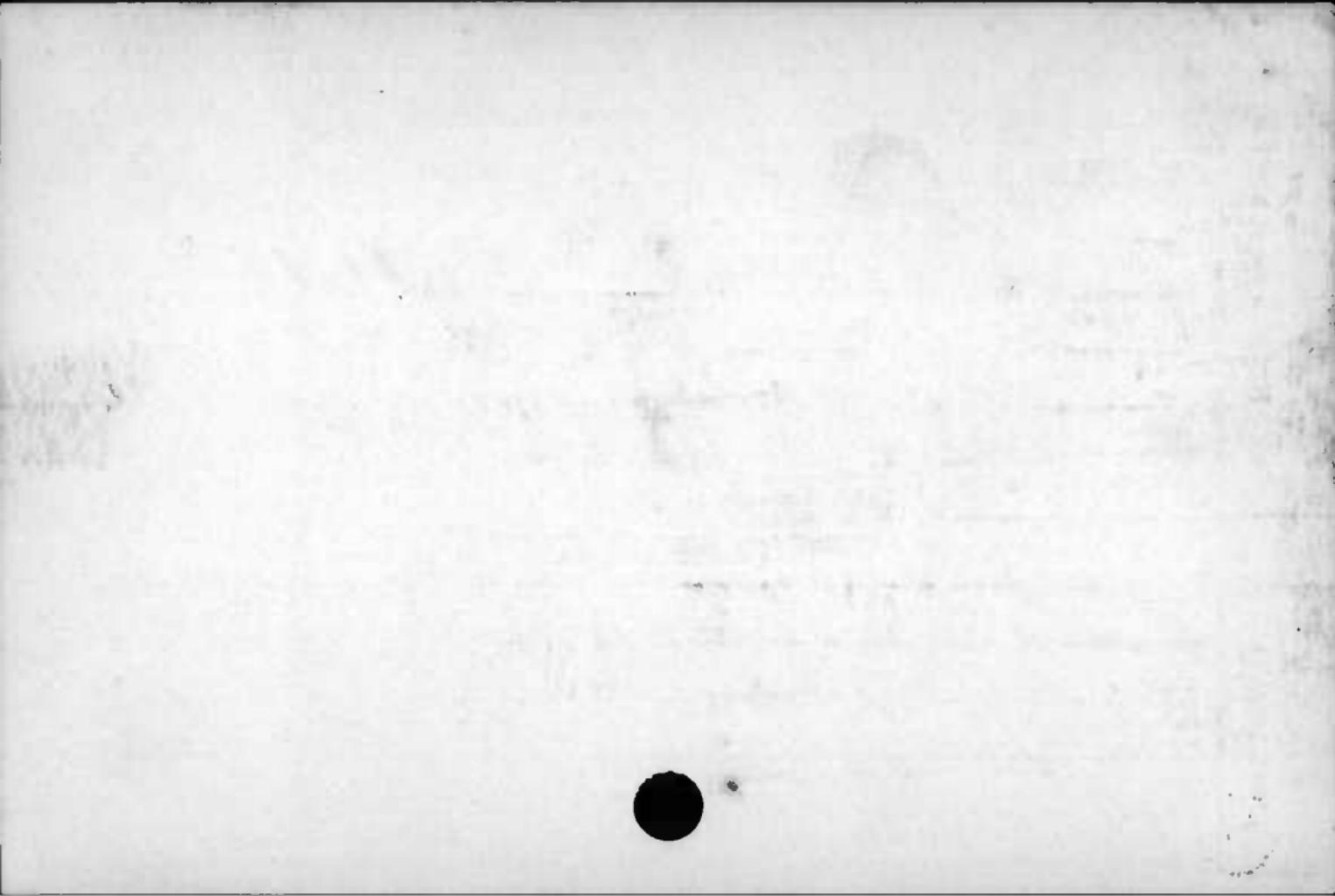
yes.

Signature of Physician

Address

1107 Leyden St.,  
Baltimore,  
Md.

Accident or Suicide?



Name  
in  
Full

Herron Dickerson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Baouch Dickerson	Father's Birthplace	Va	
Mother's Maiden Name	Lily Mosley	Mother's Birthplace	Va	
Name of person giving information				How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

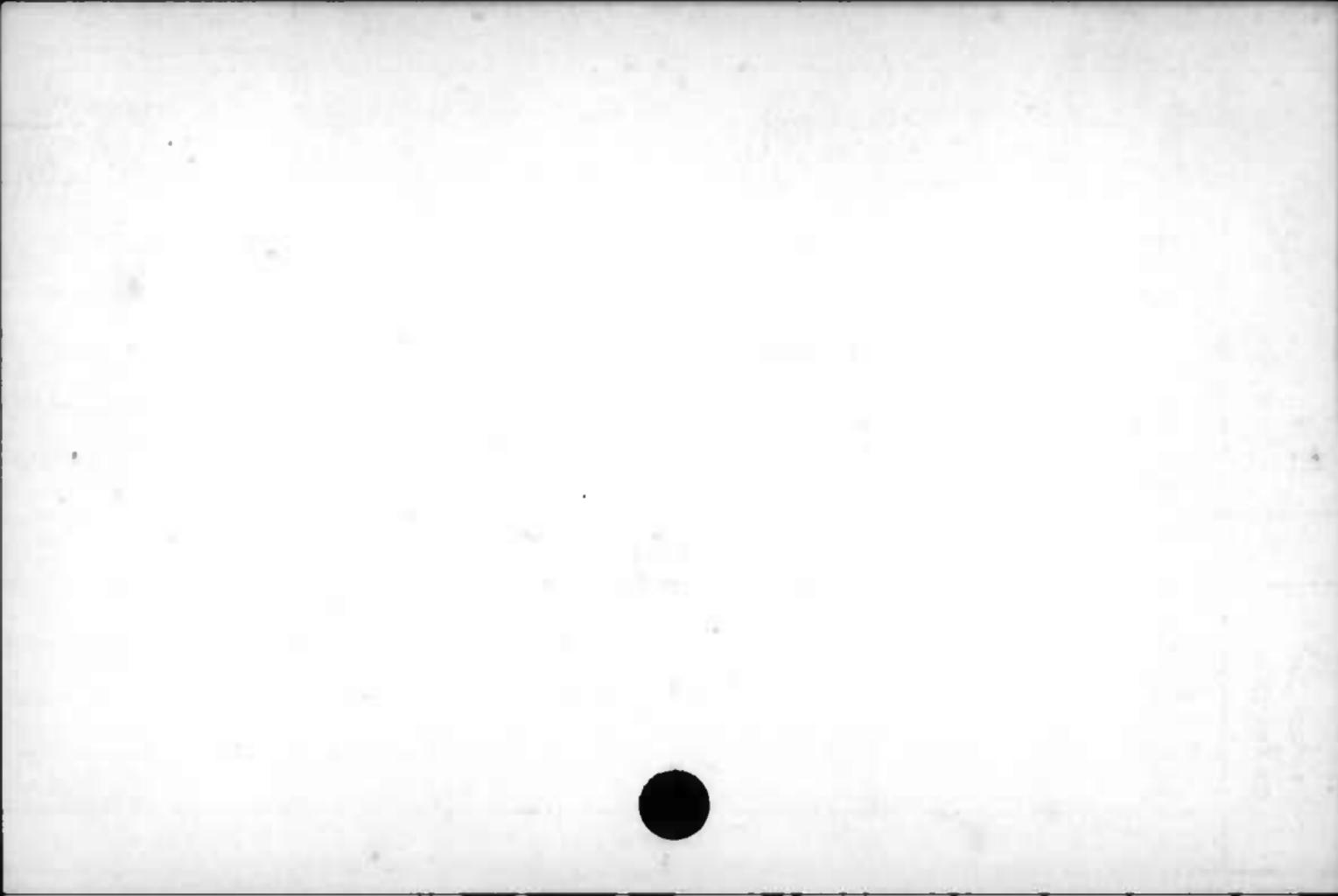
Address

Rev. Athey  
2 Hidden St

Extended



Accident or Suicide?



Name  
in  
Full

Elvin B. Edmonston

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dickeyville	Baltimore Co.			
Date of death	Month	Day	Years	Months	Days
of death 1907	February	16.	Age 37		3
Sex	American Born	Color or Race	White	Birth-place	Dickeyville
Occupation	Boss Finisher		Where Residing If not at place of death	At home Dickeyville	
Married, Single or Widowed	Widower	Name of Wife or Husband	Mannie Estella Edmonston	Father's Birthplace	Frederick
Father's Name	Thomas Brooke Edmonston		Mother's Birthplace	Franklin	
Mother's Maiden Name	Mary Ann Mullinix		How related to deceased	Step Mother	
Name of person giving information	Elizabeth Edmonston				

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Respiratory Failure

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes  
Yes

Signature of Physician

Address

R. C. Smith  
Woodlawn Ave

PHYSICIAN  
OR CORONER

I

Accident or Suicide?

Ridge Cem  
Jos Block

Name  
in  
Full

George Howard Elder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Name of Wife or Husband			
Father's Name	George Howard Elder			Father's Birthplace	Eldridge Street
Mother's Maiden Name	Ellie North Wolfe			Mother's Birthplace	Garrison
Name of person giving information	Juni Dugay Jr			How related to deceased	Stepson

CAUSES OF DEATH

Primary

Bronchitis

(QH)

How long about one week

Immediate

Pneumonia

How long ten days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

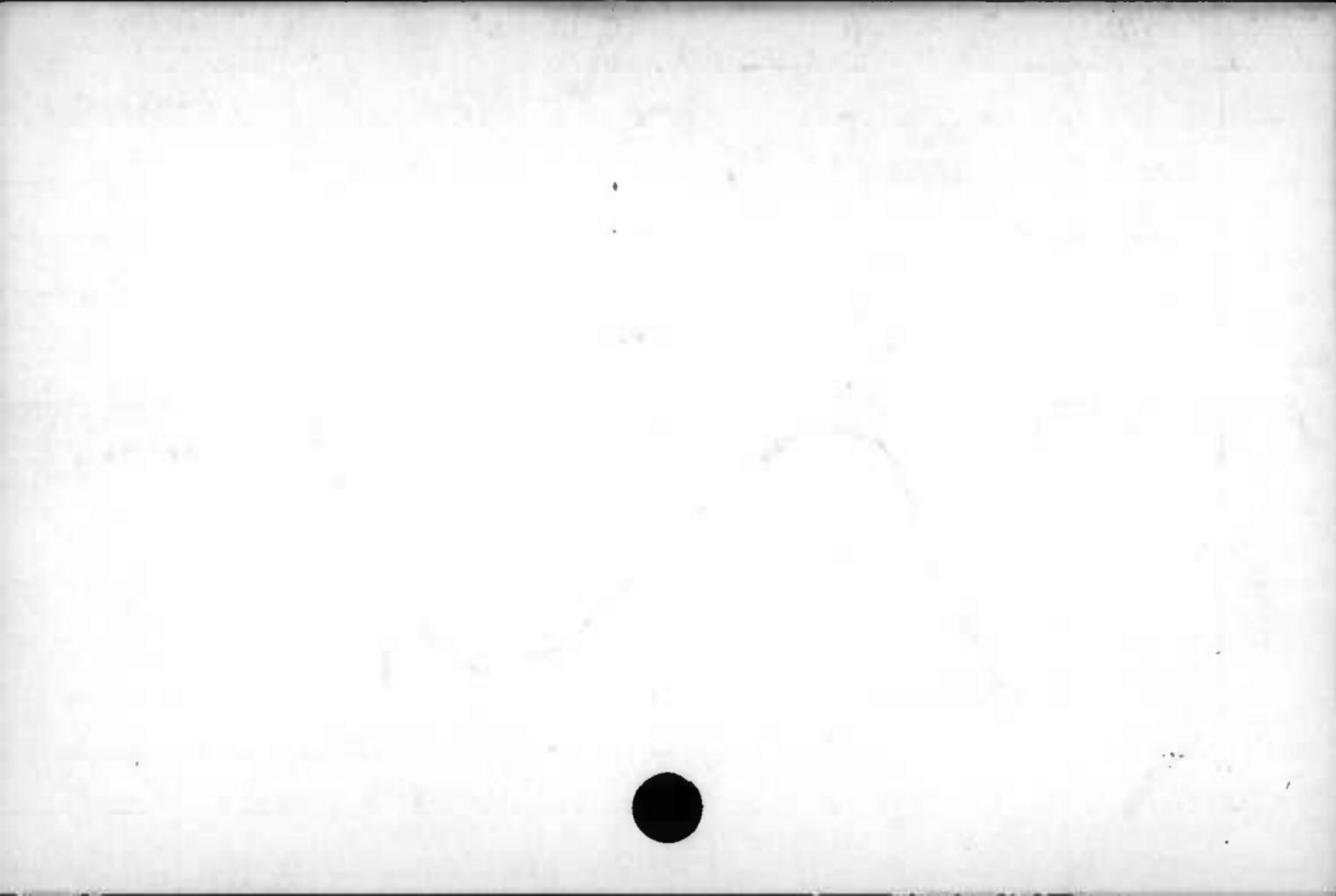
W.H. Campbell

Address

Orange Drills. Md



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Benjamin Ennis

CERTIFICATE OF DEATH

Died at	Warren	Town	County	MARYLAND	
Date of death	1907	Day	7	Years	Days
Sex	Male	Color or Race	White	Birth-place	Warren Md.
Occupation	Clerk	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Warren		
Father's Name	Wm O. Ennis	Father's Birthplace			
Mother's Maiden Name	Olivia Doughton	Mother's Birthplace			
Name of person giving information	Clara Ennis	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hyphemia Tern

①

How long

30 day

Immediate

Pneumonia

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

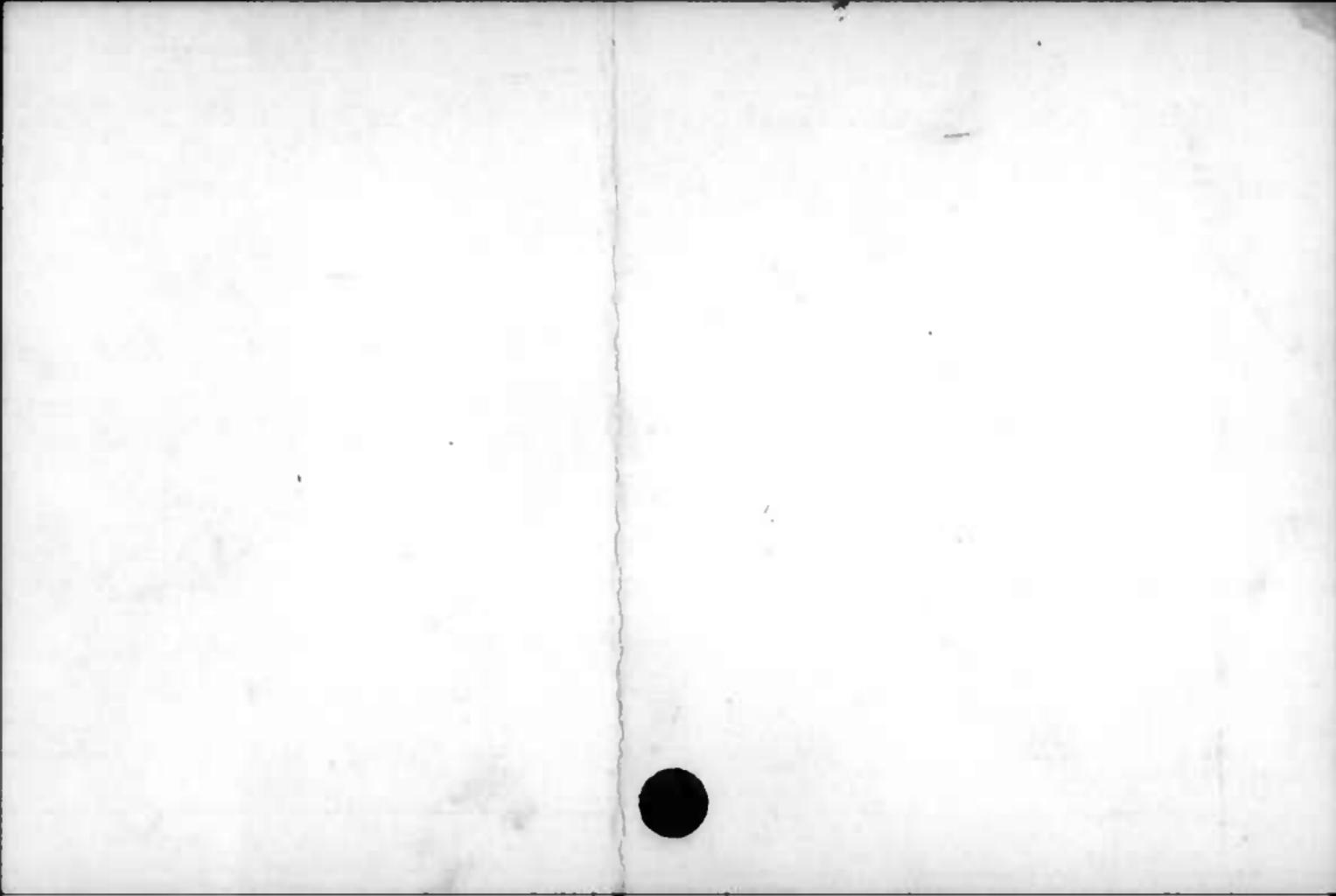
Signature of Physician

Address

B. T. Bunnell M.D.  
Texas Md.



Accident or Suicide?



Name  
in  
Full

Jacob Tifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Gorans Walker an		Baltimore			
Date of death	Month	Day	Years	Months	Days	
1907	Feb	13	87	8	1	
Sex	Male	Color or Race	White -	Birth-place	Germany,	
Occupation	Retired			Where Residing if not at place of death	—	
Married, Single or Widowed	Widowed		Name of Wife or Husband			
Father's Name	Frederick Tifer			Father's Birthplace	Germany.	
Mother's Maiden Name	Unknown			Mother's Birthplace	—	
Name of person giving Information	William Tifer			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

01

Primary

93

How long

Immediate

Pneumia

How long

Three days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

One Pearce MD

1238 Greenway

Baltimore MD

Accident or Suicide?

David McLean Co.

833 Linden Ave

Greenmount Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel H. Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	male	Color or Race	67	
Occupation	Cust	Where Residing if not at place of death	New York	
Married, Single or Widowed	Single	Name of Wife or Husband	Same	
Father's Name	Dont Know			
Mother's Maiden Name	Dont Know			
Name of person giving Information	Patrick Hazen			

CAUSES OF DEATH

Primary

Pneumonia

(Q3)

How long

4 days

Immediate

Cardiac asthma

How long

two hours

Are the name, age, sex, color, date and place correctly given above?

yes

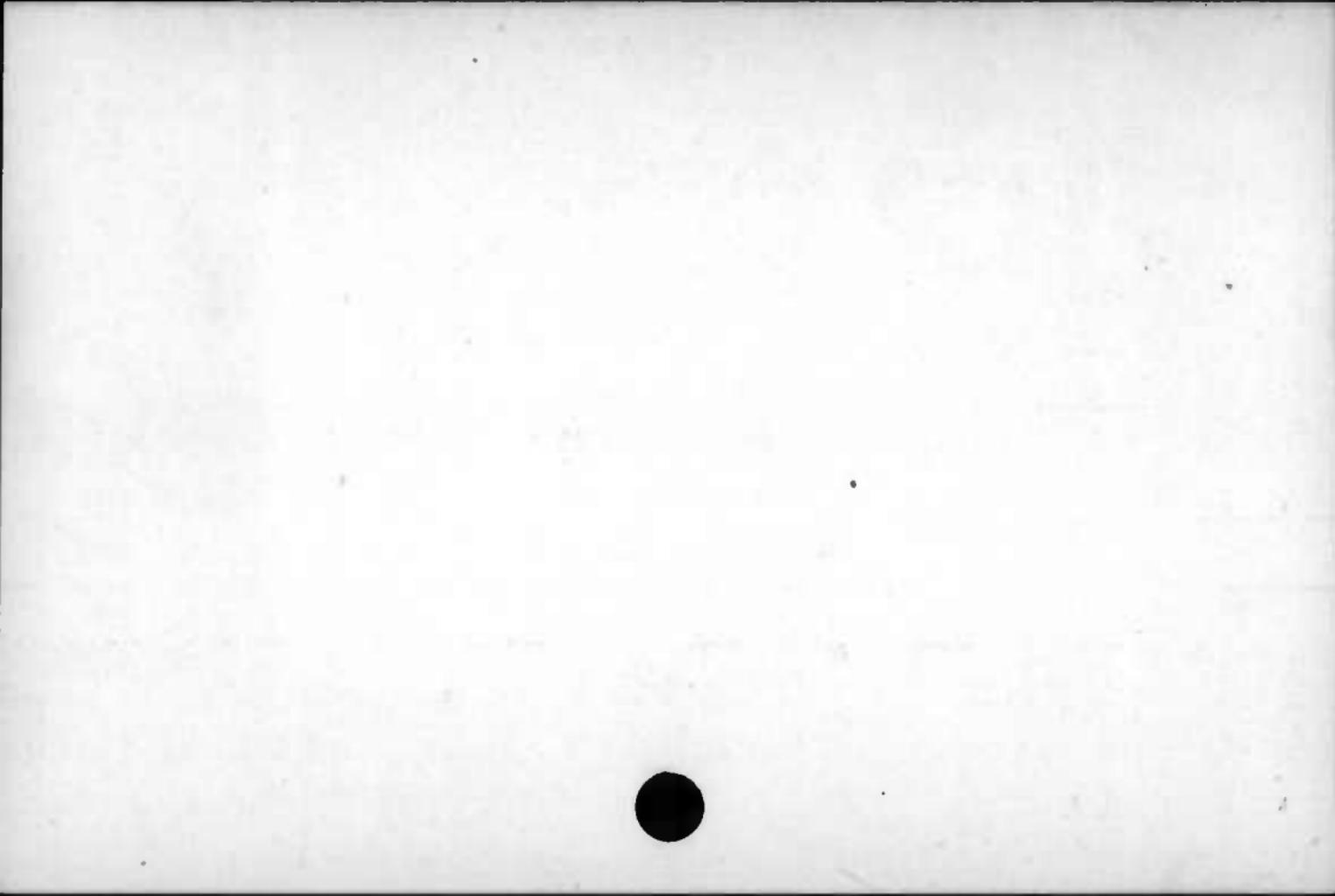
Signature of Physician

Address

W. J. Triplett  
Granby Md.

1

Accident or Suicide?



Name  
in  
Full

Minnie M. Francis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Date of death	1907	Month Feb	Day 6	Years 1	Months 11	Days 26
Sex	Female	Color or Race	white		Birth-place	Baltimore Co.
Occupation			Where Residing if not at place of death		Year Town or Street	
Married, Single or Widowed	Single	Name of Wife or Husband		None		Father's Birthplace
Father's Name	Harry Francis					Baltimore Co.
Mother's Maiden Name	Ida Byssier					Mother's Birthplace
Name of person giving information	Mrs Ida Francis				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Broncho Pneumonia

How long

3

days

Immediate

Cardiac Asthma

How long

40

minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. G. Gentry, M.D.  
Lansdowne, Md.

Accident or Suicide?

John Burns Son  
Providence  
cemetery  
Balto. Co.

Name  
in  
Full

Rachel Friedlich.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
of death 1907	Feb	21	Age 54			
Sex	Female	Color or Race	white	Birth-place	Baltimore	
Occupation	Housewife		Where Residing if not at place of death	720 Limerick St Baltimore		
Married, Single or Widowed	Married	Name of Wife or Husband	O. Friedlich			
Father's Name	Gershon Cohn.		Father's Birthplace	Germany		
Mother's Maiden Name	Frances	Cohn.	Mother's Birthplace	Germany		
Name of person giving Information	Jacob Ahrens		How related to deceased	Not related.		

## CAUSES OF DEATH

Primary	Melanoma	How long	1 year.
Immediate	Heart failure from malignant melanoma	How long	4 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Gro St. Hedding.
Yes.		Address	Sta St. Baltimore, Md.
Autopsy? <input checked="" type="checkbox"/>			

Jacob Ahrens  
754 N. Eutaw St.  
Baltimore Md.  
Hebrew Cemetery

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

William S. Frifogle

## CERTIFICATE OF DEATH

Died at	Town	Balt.	City
Date of death	Month	Day	Years
Sex	Color or Race	Age	—
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Died at Arlington Town  
 Date of death 1907 Month 2 Day 17 Age —  
 Sex male Color or Race White Birth-place Arlington  
 Occupation — Where Residing if not at place of death  
 Married, Single or Widowed — Name of Wife or Husband —  
 Father's Name Mr. Frifogle Father's Birthplace Balt. C.  
 Mother's Maiden Name Hellie Constantin Mother's Birthplace  
 Name of person giving information Mildred M. Clapp How related to deceased Aunt

## CAUSES OF DEATH

Primary	Pneumonia	(93)	How long	4 days.
Immediate	Exhaustion	(93)	How long	3 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes			W. W. Cox and Arlington	
Accident or Suicide?				



Jacob H Kraft -  
Mr. Oberst.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Name Henry B Tufffle				CERTIFICATE OF DEATH		
Died at near Randallstown		Town Baltimore	County	MARYLAND		
Date of death 1907	Month February	Day 28	Years Age 48	Months	Days	
Sex Male	Color or Race	White	Birth- place	Maryland		
Occupation Farmer & Farmer	Where Residing if not at place of death		near Randallstown			
Married, Single or Widowed	Name of Wife or Husband		Tufffle			
Father's Name Henry Tufffle			Father's Birthplace	Maryland		
Mother's Maiden Name Elizabeth & Hobk			Mother's Birthplace	Maryland		
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

Primary

Anemia of the body of the body

How long

Three weeks

Immediate

Hemorrhage

How long

About two hours

Signature of  
Physician

Address



Accident or Suicide?

Hopewell

Name  
in  
Full

Mary E. Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		<u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feby</u>	Day <u>27</u>	Years _____	Months <u>2</u>	Days <u>7</u>
Sex <u>Fr. Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore Md.</u>			
Occupation _____	Where Residing if not at place of death <u>14 St Est</u>				
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband <u>A. J. Gardner</u>	Father's Name <u>A. J. Gardner</u>	Father's Birthplace <u>MD</u>	Mother's Maiden Name <u>Mary. Gardner</u>	Mother's Birthplace <u>MD</u>
Name of person giving information <u>A. J. Gardner</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary	<u>Heavy Cold</u>	(90)	How long <u>3 weeks</u>
Immediate	<u>Heart. Disease</u>	(90)	How long <u>immediately</u>

PROTESTANT  
CATHOLIC

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

P.A. Dinnigan

Address

Coronet  
203 Jerome St



Natural

Hughes  
Broadway

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Gehr, Eliza Jane  
Town Calvertonville County Prince George's.

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
1907	Feb	11	Age 70
Sex	Female	Color or Race	white
Occupation	Nurse	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Isaac Gehr	Father's Birthplace	Maryland
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Keller & Board	How related to deceased	No.

## CAUSES OF DEATH

X 120

How long

75 yrs.

How long

7 mos.

Primary

Germinal Dementia

Immediate

Chronic arteriosclerotic Nephritis

Are the name, age, sex, color, date and place correctly given above?

Yes.

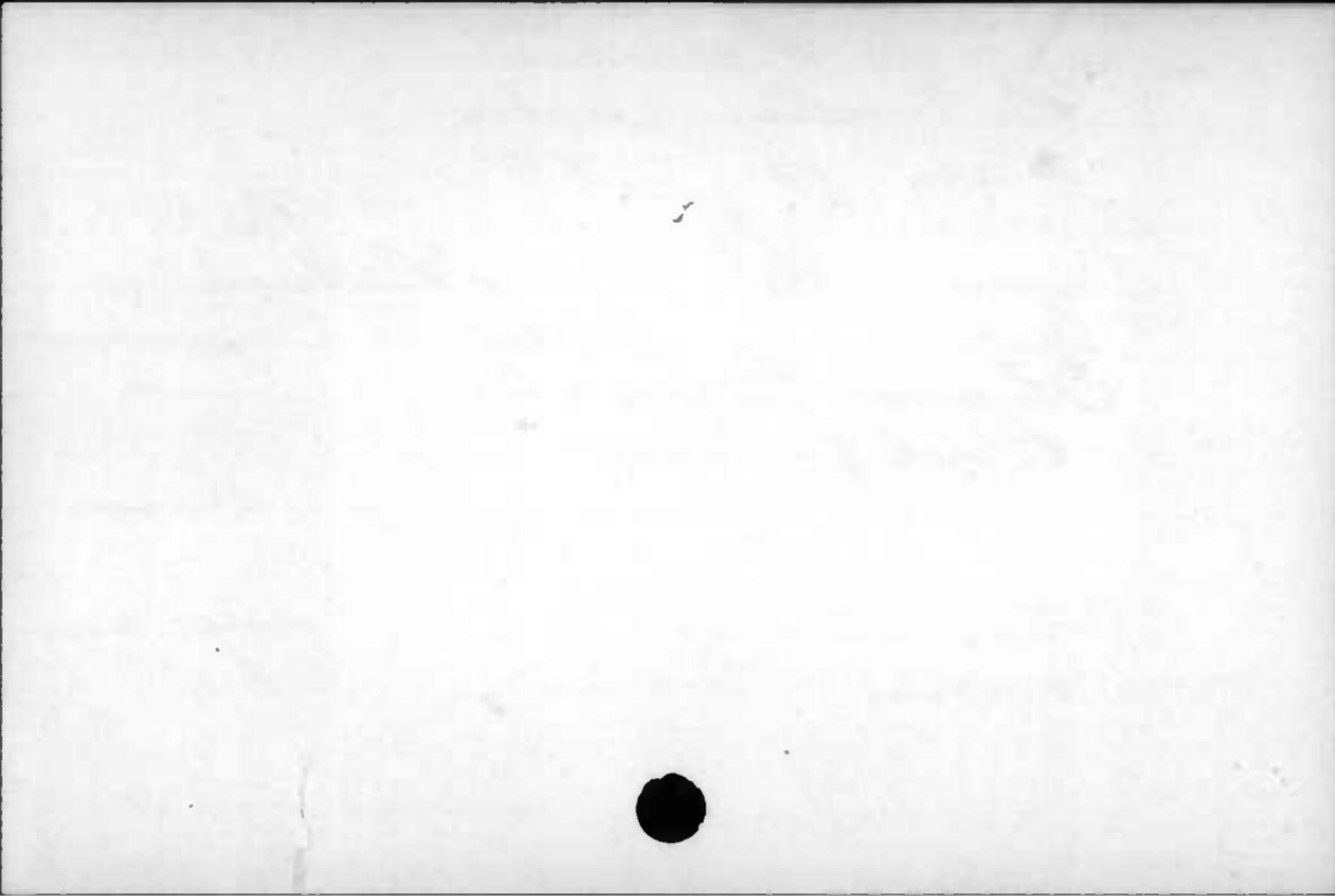
Signature of Physician

Address

Dr. Pers. Mude  
Calvertonville, Md.

Accident or Suicide?

No.



Name  
in  
Full

David In German

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Baltimore. Baltimore

MARYLAND

Date  
of death

1907 Month

Day

Years

Age 71

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore Co.

Occupation

Stationer

Where Residing if not  
at place of death

Baltimore

Married or  
Widowed

Married

Name of Wife or  
Husband

Mary A. German

Father's  
Name

Thomas German

Father's  
Birthplace

Mother's  
Maiden Name

Elizabeth Clemens

Mother's  
Birthplace

Name of person giving  
Information

A. W. German

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Arterosclerosis

How long

Several years

Immediate

Hemoptysis. Exhaustion

How long

3 weeks

PHYSICIAN  
OR CORONER

1

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Gibbons Frank M.D.

Baltimore Md.

Accident or Suicide?

John Burns Son  
Sater's Cruelty  
Ball. Co.

Name  
in  
Full

Mary Getz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Feb	Day 8	Years	Months	Days
Sex Female	Color or Race	Age —		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Getz				
Mother's Maiden Name	Mary Getz				
Name of person giving information	George Getz				
CAUSES OF DEATH					
Primary	Still Birth				
Immediate					

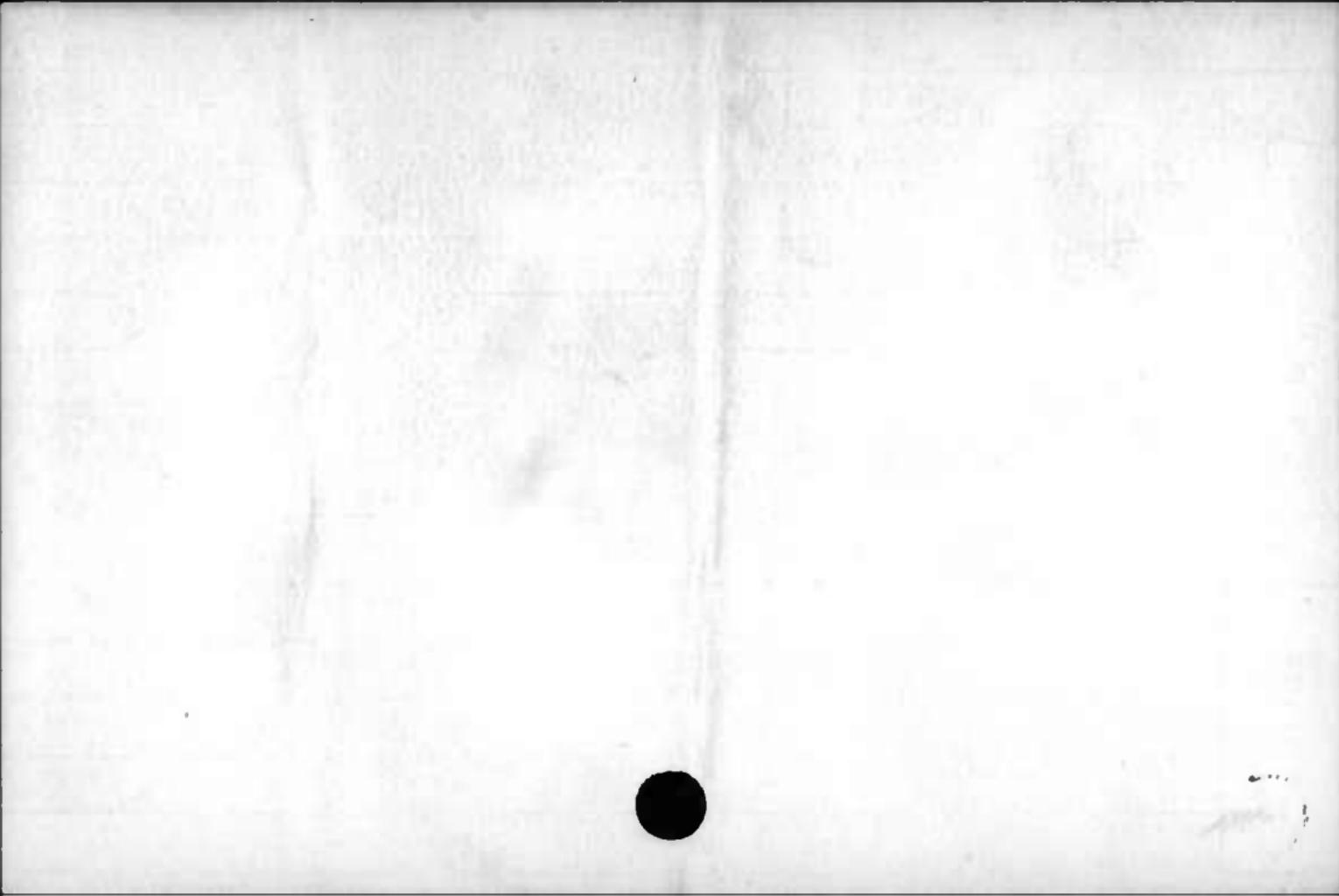
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

William Glenn.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Barto		County	MARYLAND				
Date of death	Month	16	Day	Years	66	Months	10	Days	16.
Sex	Male	Color or Race	white	Birth- place	Roslyn Va				
Occupation	Consulting Engineer to Chrome Works			Where Residing if not at place of death	Glen				
Married, Single or Widowed	Widowed	Name of Wife	Edith	Eveline Constantia Blackman					
Father's Name	Ralt Henry Glenn	Father's Birthplace	Virginia						
Mother's Maiden Name	Ella Jane Edwards	Mother's Birthplace	Virginia						
Name of person giving Information	Miss Charlotte Glenn	How related to deceased	Daughter						

CAUSES OF DEATH

Primary	Calengment of heart.	(19)	How long	2 yrs.
Immediate	Possin Engestion of lung		How long	3 wks.

PHYSICIAN  
OR CORONER



Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

H. H. Booty  
Sta. C. City

Accident or Suicide?

Henry W. Jenkins  
Sons & Co

Richmond Va

Name  
in  
Full

Martha A Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death 1907	Month Feb.	Day 20 <sup>th</sup>	Years 72	Months 4	Days
Sex Female	Color or Race white	Birth-place Md.			
Married, Single or Widowed Married	Occupation				
Name of Wife or Husband William S Gorsuch	Father's Name Jacob Sutton	Father's Birthplace Eng.			
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information Wm S Gorsuch	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Valvular disease of heart (1) How long several years

Immediate Anasarca, and exhaustion (1) How long 4 days

Are the name, age, sex, color, date and place correctly given above?

yes

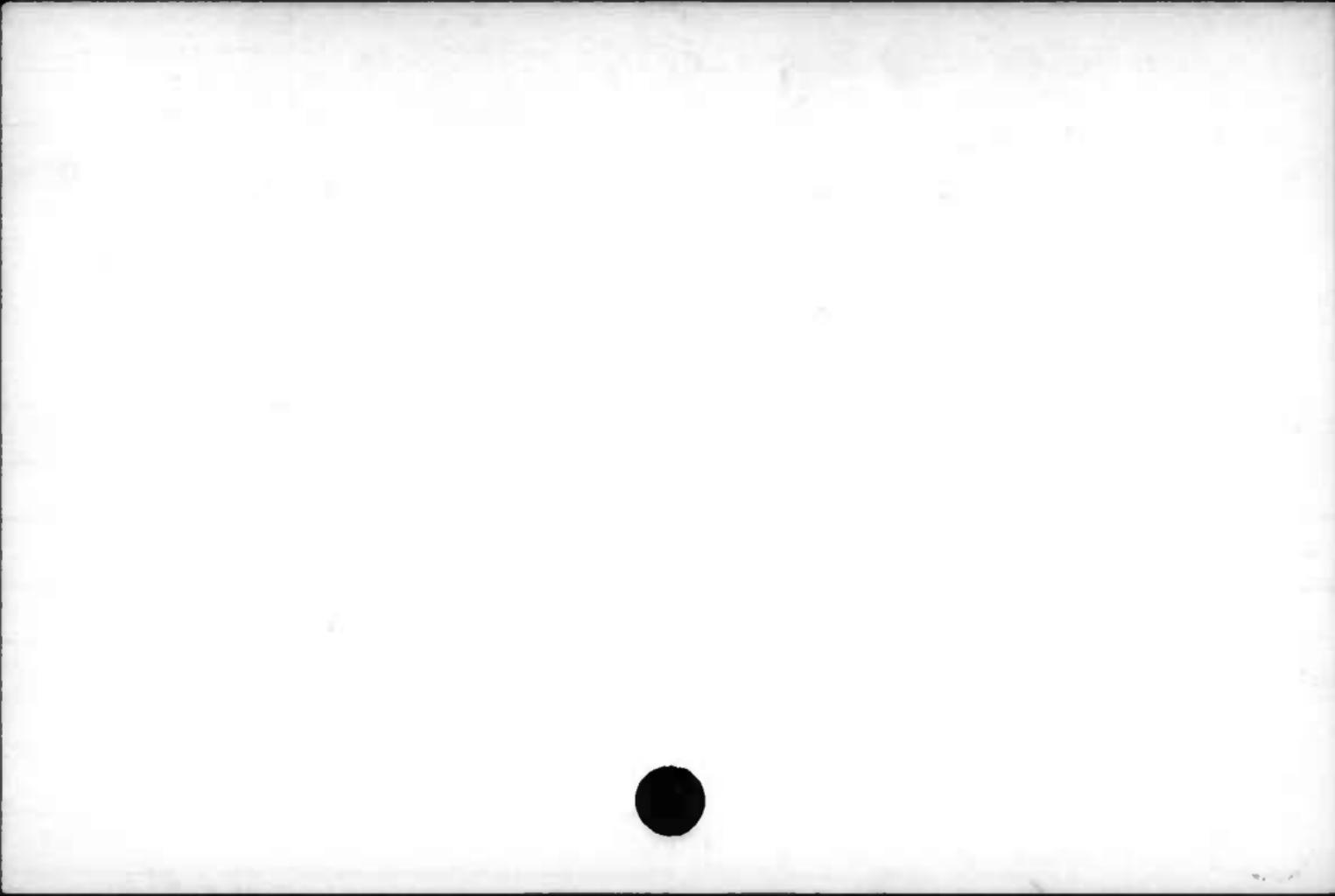
Signature of Physician

Address

J. C. McCormick M.D.  
Sparrows Point  
Md



Accident or Suicide? no



Name  
in  
Full

Charles H. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
I Settings	Baltimore				
Date of death	Month	Day	Years	Months	Days
1907	Feb.	12	16	00	7 9
Sex	Male	Color or Race	white	Birth-place	I Settings
Occupation	Student	Where Residing If not at place of death			
Married, Single or Widowed	Single	I Settings			
Father's Name	Dr. John S. Green	Father's Birthplace			
Mother's Maiden Name	Ella L. Baldwin	Mother's Birthplace			
Name of person giving Information	Dr. John S. Green	How related to deceased			

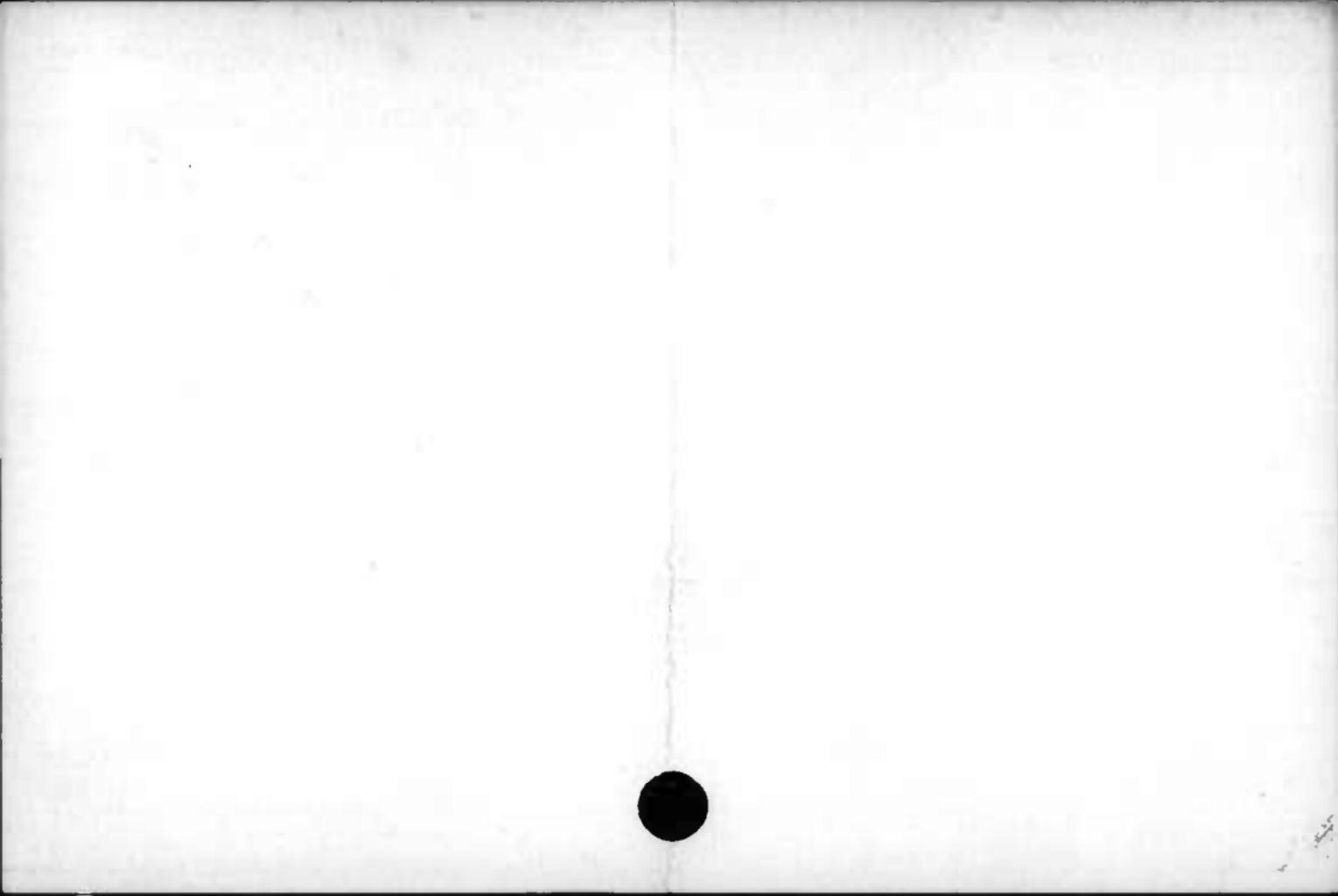
CAUSES OF DEATH

Primary	Typhoid Fever	7 year	How long	3 weeks
Immediate	"	Fever	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			

PHYSICIAN  
OR CORONER



Accident - ?



Name  
in  
Full

Elsie Marie Gunther

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Lauraville	Baltimore				
Date of death	Month	Day	Year	Months	Days
1907	February	8 <sup>th</sup>	18	9	28
Sex	Female	Color or Race	White	Birth-place	Baltimore Md
Occupation	none	Where Residing if not at place of death		Lauraville Md	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Germany
Father's Name	Christian Gunther			Mother's Birthplace	Germany
Mother's Maiden Name	Lavina A Fleming			How related to deceased	Father
Name of person giving information	Christian Gunther				

CAUSES OF DEATH

Primary	Acute Peritonitis	(16)	How long	6 weeks
Immediate	Exhaustion	(16)	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	I'm. D. Coose	

PHYSICIAN  
OR CORONER



Accident or Suicide?

Emanuel Country

Name  
in  
Full

Baby Harrigan

Harrday

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town  
Catoonsville

Count  
Balto

MARYLAND

Date Month Day  
of death 1907 Feb 4

Age — Years

Months — Days  
/

Sex Male

Color or  
Race

Colored

Birth-  
place

Catoonsville

Occupation

Where Residing If not  
at place of death

Married, Single  
or Widowed

—

Name of Wife or  
Husband

Father's  
Name

Edward Harrigan

Father's  
Birthplace

Balto, Co

Mother's  
Maiden Name

Francis Ford

Mother's  
Birthplace

" "

Name of person giving  
Information

"

"

How related  
to deceased

Mother

CAUSES OF DEATH

64

Primary

Cerebral Congestion

How long

—

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Marshall B West,

Address

Catoonsville Md

J

Accident or Suicide?



Name  
in  
Full

Samuel P Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male -	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death			-
Married, Single or Widowed	Name of Wife or Husband			-
Father's Name	Henry Garrison			Father's Birthplace
Mother's Maiden Name	Marietta Hargrove			Mother's Birthplace
Name of person giving information	Henry Garrison			How related to deceased

CAUSES OF DEATH

Primary	Coronitis	(1)	How long	10 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. A. Alley Jr.	
		Address	2 Hudson St	
Accident or Suicide?				

PHYSICIAN  
OR CORONER

1

Ashbury Country  
Alex Hensley  
~~and Associates~~  
578 W Bridge St

Name  
in  
Full

Catharine Heddinger

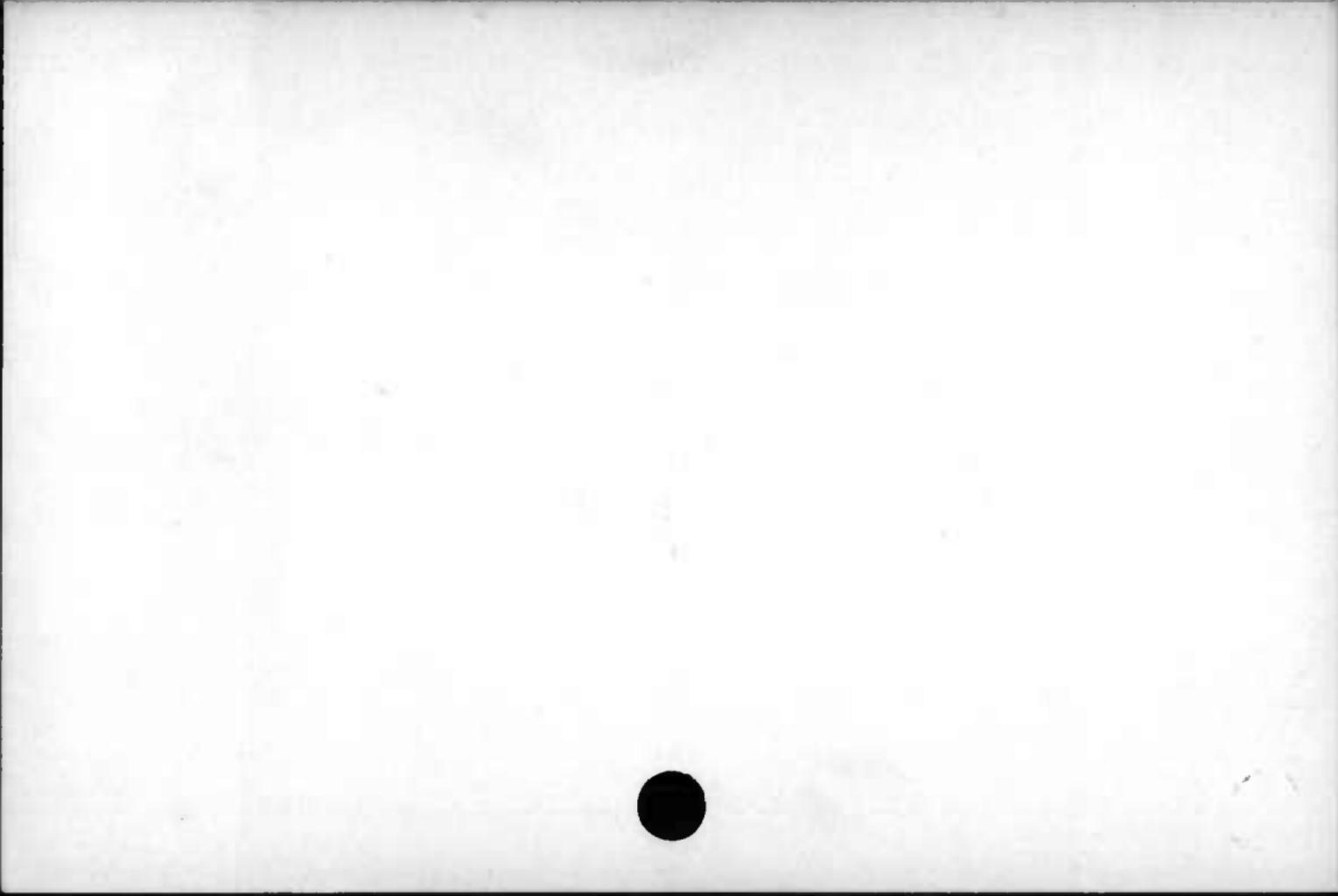
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Middle River	Town	Baltimore	County	MARYLAND	
Date of death	1907	Month	Aug	Day	23	Years
Sex	Female	Color or Race	white	Age	69	Months
Occupation	over	Where Residing if not at place of death			Germany	
Married, Single or Widowed	widow	Name of Wife or Husband				
Father's Name	Conrad Sauer				Father's Birthplace	Germany
Mother's Maiden Name	Barbara,				Mother's Birthplace	"
Name of person giving information	Catharine Heddinger				How related to deceased	Sister

CAUSES OF DEATH

Primary	Gastric Carcinoma	How long	8 mos
Immediate	Haemorrhage -	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thelottian M D
		Address	Southwicks Inn
1 OR CORONER	yes		
Accident or Suicide?	no		



Name  
in  
Full

Emma A. Hesse

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Howardville		Baltimore	
Date of death	Month	Day	Years
1907	2	6	48
Sex	Female	Color or Race	White
Occupation	None	Where Residing if not at place of death	Howardville
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Henry Hesse	Father's Birthplace	Germany
Mother's Maiden Name	Louisa Wagner	Mother's Birthplace	"
Name of person giving Information	Louisa Hesse	How related to deceased	Mother
CAUSES OF DEATH			
Primary	Carcinoma of breast (H3)		
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Yes		

PHYSICIAN  
OR CORONER

Signature of Physician

Address

W. G. Min  
Physician Md

Accident or Suicide?

John Horwig & Son  
London Park Ann.

2/9/07

Name  
in  
Full

William Hornberg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Canton

County

Baltimore.

MARYLAND

Date  
of death

1907 Feb.

Day  
15

Age

Years

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Sing

Name of Wife or  
Husband

None

Father's  
Name

Friedrich Hornberg

Father's  
Birthplace

Baltimore.

Mother's  
Maiden Name

Louise Wilke

Mother's  
Birthplace

"

Name of person giving  
Information

Friedrich Hornberg

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Natural Causes

How long

One day

Immediate

Spasms.

How long

2 hours.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

P. A. Dunnigan

Address

203 Moore St.  
Coroner

1

Accident or Suicide?

H. Sander & Sons  
Balto. Conn.

Name  
in  
Full

Mary Ophelia Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gowans.	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	Feb	4	61	11	10
Sex	Female	Color or Race	white	Birth-place	Elmwood, Balt. Co.
Occupation	Housewife			Where Residing if not at place of death	Hereford Balt. Co., Ind.
Married, Single or Widowed	widowed	Name of Wife or Husband	Frank Hopkins		
Father's Name	Jacob Shook			Father's Birthplace	Balt. Co. Md.
Mother's Maiden Name	Mary Ogden			Mother's Birthplace	Balt. Co. Md.
Name of person giving Information	Edgar A. Hopkins			How related to deceased	Son.

CAUSES OF DEATH

Primary

Apoply

How long

5 da

Immediate

Coma.

How long

20 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Robert Hess M.D.

St. H. Gowans Balt. Md.

1

Accident or Suicide?

Neither -

W. L. Stiffles

Foster Salto b.o

Hershey

*Joshua Howard*

Town

*Towson*

County

*Baltimore*

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

*July**21**70 years**Maryland Laborer*

Male

*Wife*

Female

Colored

*Married*

Single

*Widow**Widower**Divorced*

Number of children living

Husband  
of  
Wife'Father's  
Name*Do not know*

Mother's

Maiden Name

*Carroll Lee*

Cause of

Primary

*La Grippe with kidney trouble three weeks*

How long sick

Death

Immediate

*General debility*

Accident, Suicide, Homicide

Reported by

*J.H. Saruto M.D.*

Address

*Towson*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

R. F. Elliott

---

Burial at  
Sandy Bottom

Racoon

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

William H Hoyer  
Town  
Mowell Park  
County  
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Month	Day	Years	Months	Days
Date of death 1907	Feb	2		Age 62	2	15
Sex male	Color or Race white	Birth-place Md				
Occupation Miller	Where Residing if not at place of death					
Married, Single or Widowed married	Name of Wife or Husband Alice Hoyer					
Father's Name Amrs Hoyer	Father's Birthplace Pa					
Mother's Maiden Name Sarah Hill	Mother's Birthplace not known					
Name of person giving information Mr Alice Hoyer	How related wife					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic gastritis of hepatic mitral regurgitation

How long

8 mos

Immediate

Uremia

How long

2 yrs  
2 days

Are the name, age, sex, color, date and place correctly given above?

yes

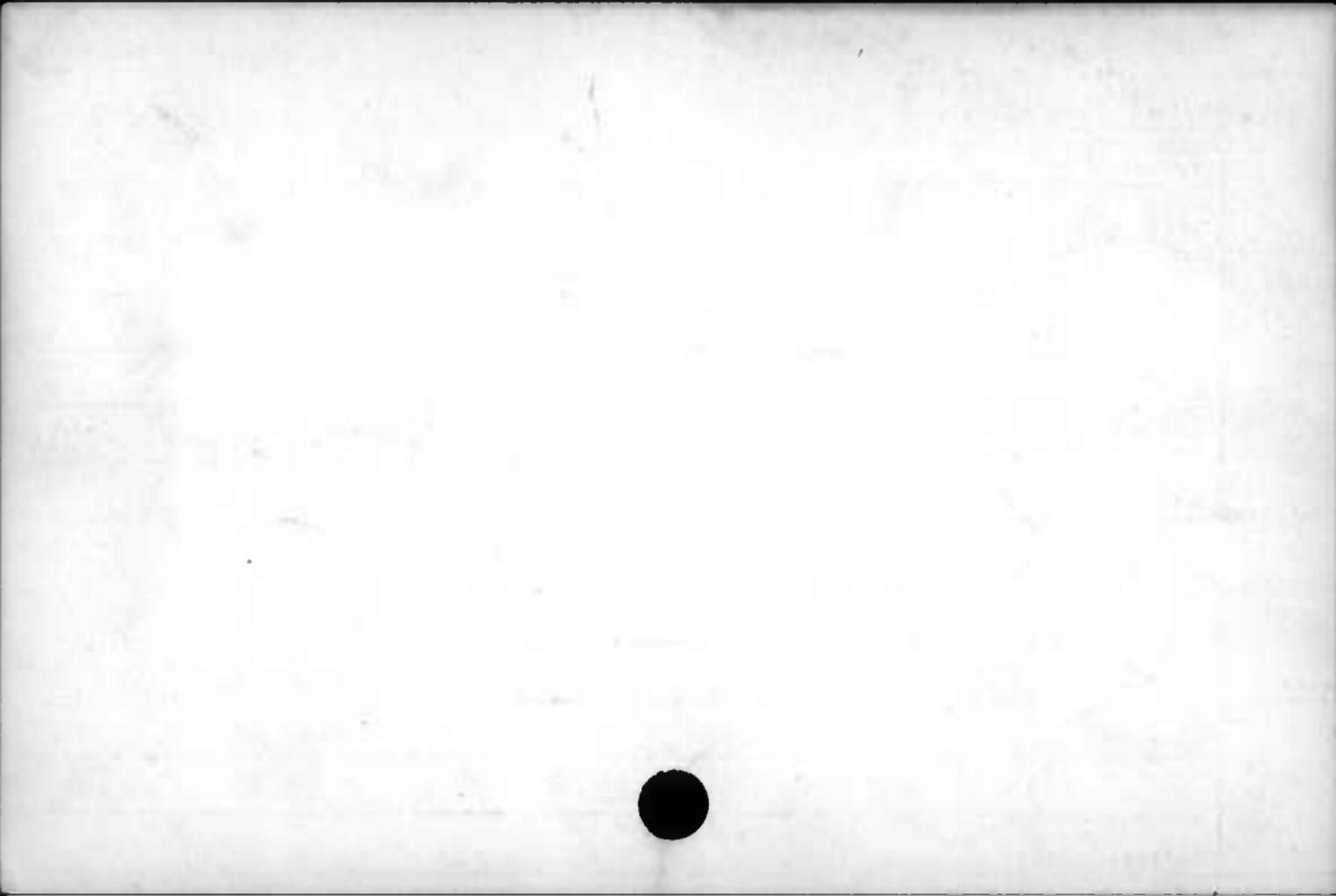
Signature of Physician

Address

Geo. S. M. Kilffer  
Mowell Park  
Baltimore Md

1

Accident or Suicide?



Name  
in  
Full

Jacob Huber

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Sinclair Lane		Town		Baltimore County		MARYLAND	
Date of death	1907	Month feb.	Day 26	Years 28	Age	Months 3	Days 25
Sex	male	Color or Race	white	Birth-place Sinclair Lane			
Occupation	Labour	Where Residing if not at place of death Sinclair Lane					
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Fred. Huber			Father's Birthplace Germany			
Mother's Maiden Name	Margaretha Wimplinger			Mother's Birthplace Germany			
Name of person giving Information	Margaretha Huber			How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER



Primary Atherosclerosis of Stomach

19

How long 4 months

Immediate Wasting disease

How long one month

Are the name, age, sex, color, date and place correctly given above?

yes

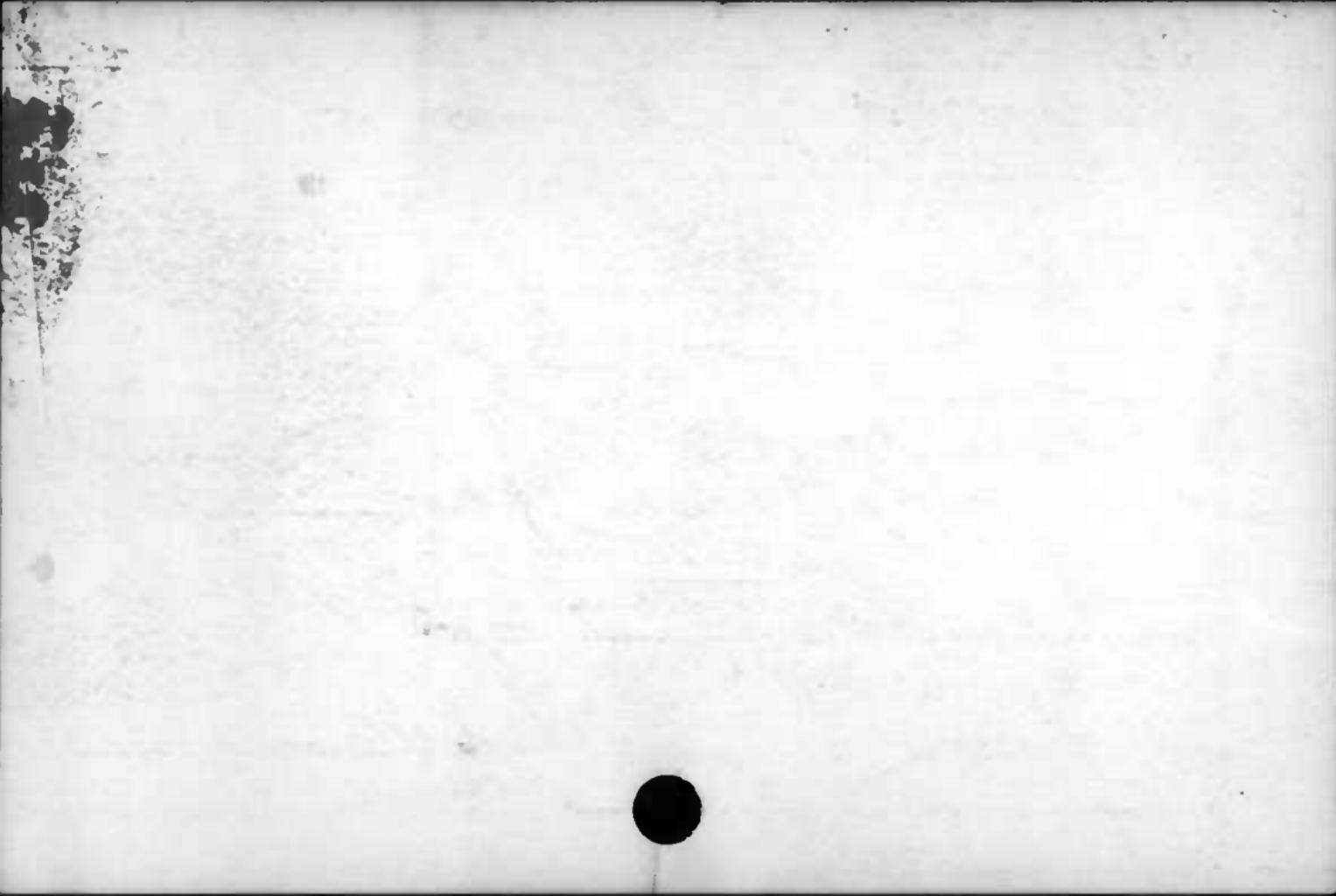
Signature of Physician

F. J. Sebald

Address

Jobi Disquith St  
Baltimore.

Accident or Suicide? no



Name  
in  
Full

Sister M. Veronica Steghes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Towson, near Catonsville, Md.	Town	County	MARYLAND	
Date of death	1907	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Potomac,
Occupation	Religious	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Michael Steghes			Father's Birthplace	C. Tyrone, Ireland
Mother's Maiden Name	Mary McElroy			Mother's Birthplace	C. Tyrone, Ireland
Name of person giving Information	Mother Ignatia McElroy			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Senile Debility; Acute Rheumatism  
Chronic Intestinal Trichiasis

Immediate Cardiac Arrest

Are the name, age, sex, color, date and place correctly given above?

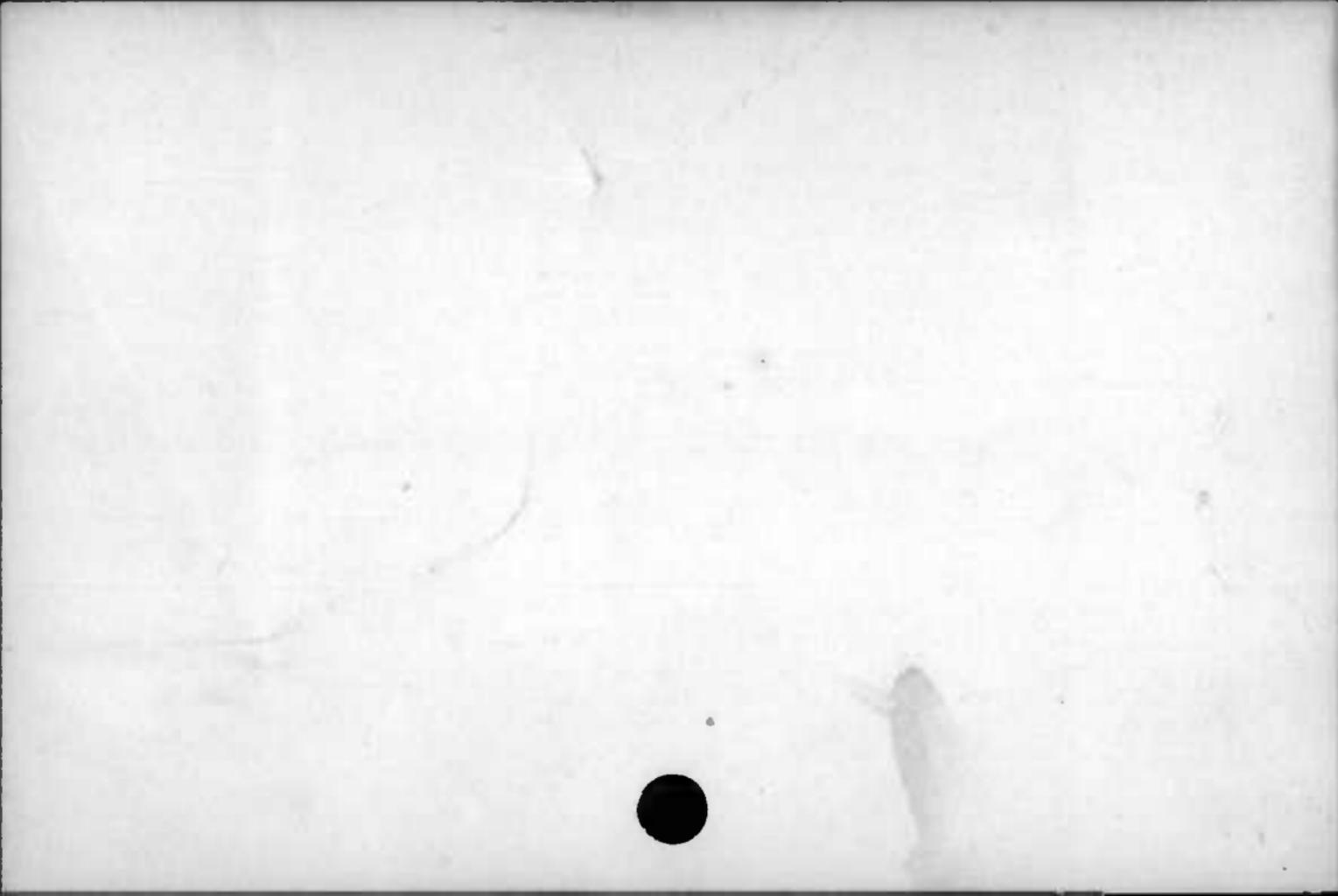
Signature of Physician

Address

Marshall Steghes,  
Dickeyville, Md.



Accident or Suicide?



Name  
in  
Full

Valentine Imala

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Beurgus	County	Baltimore	MARYLAND		
Date of death 190	Month	Feb #	Day	4	Years 0	Months 0	Days 11
Sex	Male	Color or Race	white	Birth-place	Germany		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	~	Name of Wife or Husband					
Father's Name	Frank Imala			Father's Birthplace	Germany		
Mother's Maiden Name	Mary Bierniecka			Mother's Birthplace	Germany		
Name of person giving Information	Frank Imala			How related to deceased	Father		

CAUSES OF DEATH

Primary

How long

Seizure

now long.

Immediate

Coronary  
Physician

Are the name, age, sex, color, date and place correctly given above?

Address

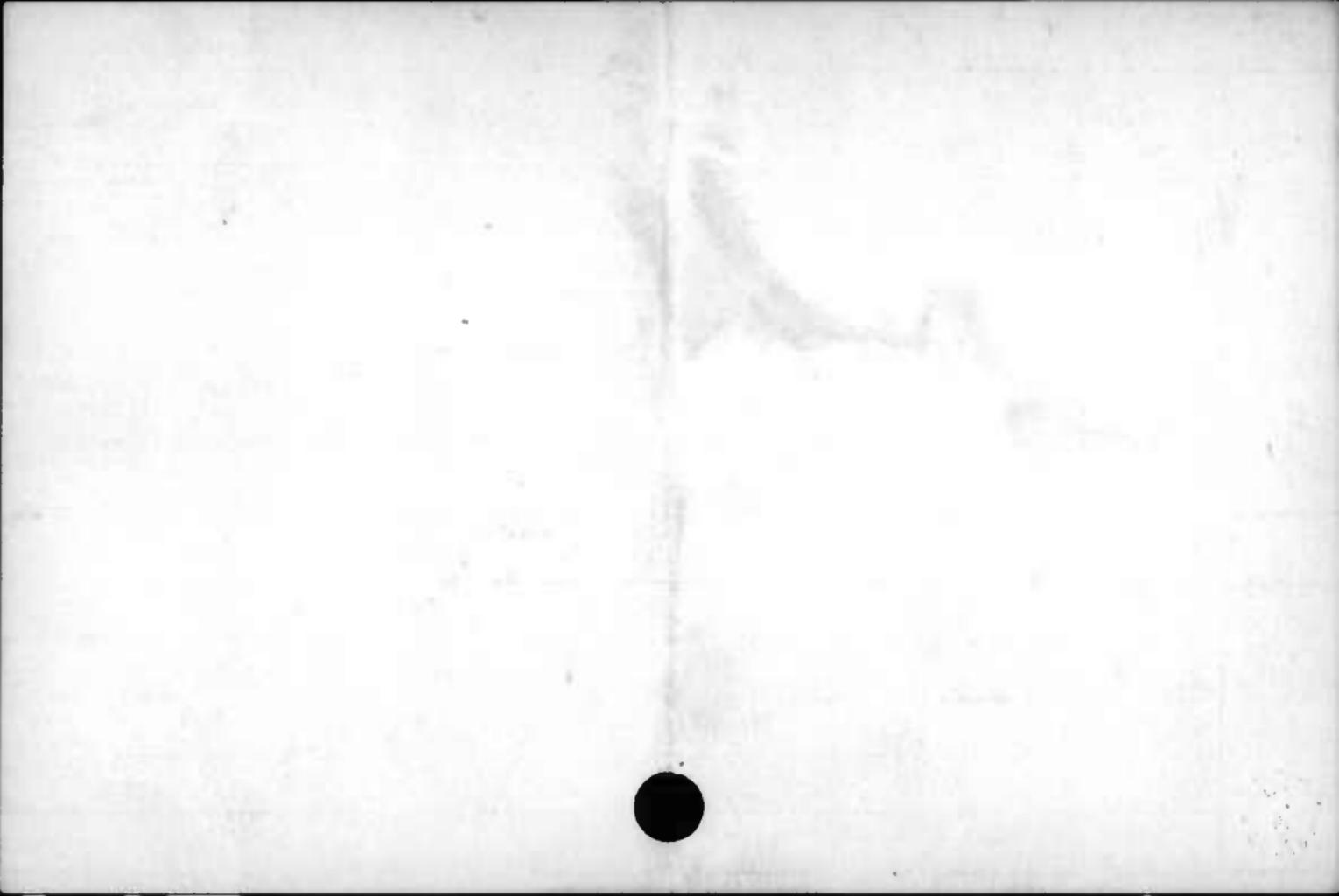
yes

Jas. F. Libman  
Chair man

1

POLICE  
CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Jones

Della

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date  
of death

1907 Feb. 27

Age

91

Sex

Female

Color of  
Race

White

Birth-  
place

Maryland

Occupation

House Duties

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Johnsey Jones

Father's  
Birthplace

Don't Know

Father's  
Name

Don't Know

Mother's  
Birthplace

Don't Know

Mother's  
Maiden Name

Don't Know

How related  
to deceased

Daughter

Name of person giving  
Information

Emily Elements

CAUSES OF DEATH

Primary

Tuberculosis

How long

10 yrs

Immediate

14 days from



How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

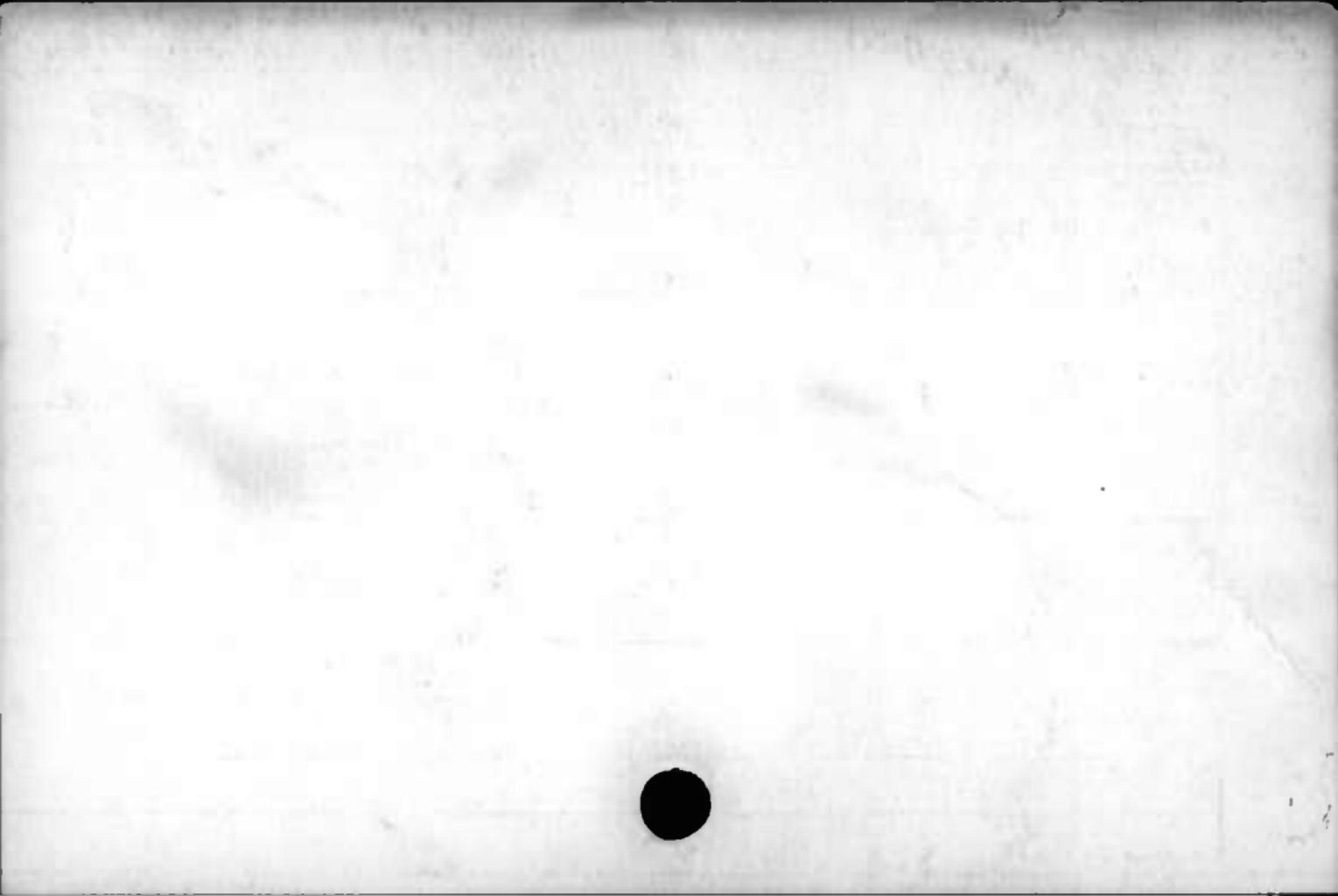
Signature of  
Physician

Address

The Bonnings  
Ellicott City



Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Keyes

Town Baltimore County So Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at Baltimore, Maryland  
Date of death 1907 Month Mar Day 21 Years Age 63 Months 0 Days 7

Sex Male Color or Race White Birth-place Baltimore, So Md

Occupation Blacksmith Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Elisabeth Keyes Chaenix, Md

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

George Keyes

England

Ashen Rebecca Giffen

Bethel, N.H.

Elizabeth Keyes

Wife

CAUSES OF DEATH

Primary

Cancer of the Stomach

How long

9 Months

Immediate

General failure of vital organs

How long

4 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. E. Benson

Address

Cockeysville  
Md

Accident or Suicide? No

Interment at Poplar  
Cemetery Sunday Oct  
24<sup>th</sup>.

W. C. Brooks

Name  
in  
Full

Sophronia Jane Kirkwood

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Shans

Town

County

MARYLAND

Date  
of death 1907

Month

Day

Years

Age 65

Months

5

Days

6

Sex Females

Color or  
Race

white

Birth-  
place

md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Sophronia Kirkwood

Father's  
Name

Josina Anderson

Father's  
Birthplace

Honesdale

Mother's  
Maiden Name

Mary J. Bass

Mother's  
Birthplace

" "

Name of person giving  
Information

Jos R Bond

How related  
to deceased

Son in Law

CAUSES OF DEATH

Primary

Phtisis Pulmonalis

How long

years

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Daniel V Moyse MD

Address

Maryland Five

MD

1

Accident or Suicide?

Mr Mrs. R. Bond.

Parkton

R & D #2

Name  
in  
Full

Still Born

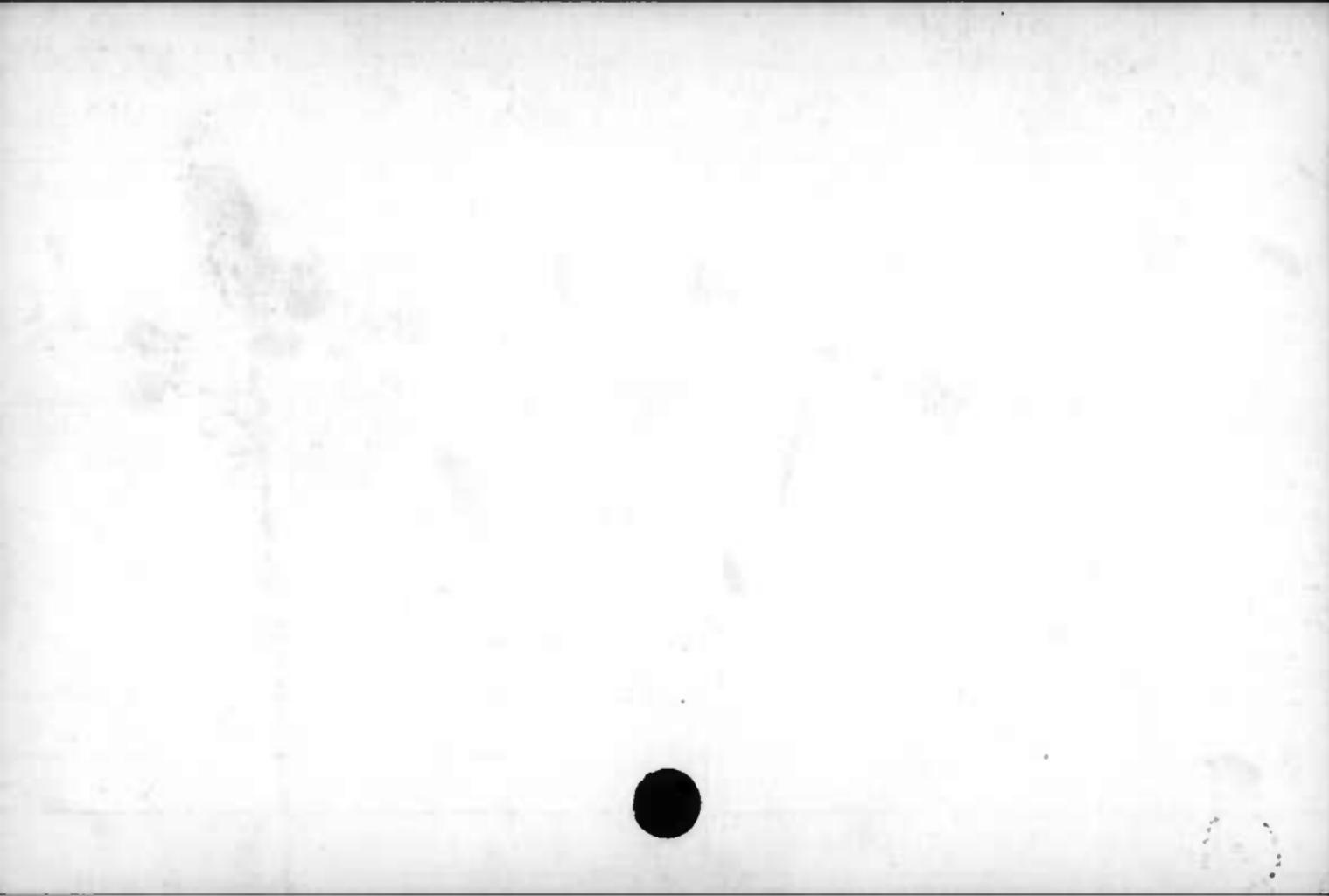
Kankakee  
Bolt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1909	Month 2	Day 28	Years
Sex Male	Color or Race White	Birth-place Highlandtown	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	11. Rubble		
Mother's Maiden Name	Maggie Miller.		
Name of person giving Information	Dr. Rubble		
CAUSES OF DEATH			
Primary	Still Born		
Immediate	Died in utero - Q		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. L. Miller MD	
		Address 3rd Street	
		Highlandtown	
Accident or Suicide?		No	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Anna Maria Kuhn

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Femal	Color or Race	White	Birth-place	Germany
Occupation	Housework				
Married, Single or Widowed	Married	Name of Husband	Where Residing if not at place of death		
Father's Name	Franz M. Munz			Father's Birthplace	Germany
Mother's Maiden Name	don't know			Mother's Birthplace	Germany
Name of person giving Information	Francis Chas. Kuhn			How related to deceased	Husband

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

Senility (54)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. V. Allery,  
14 Hudson St. Bpt.

Accident or Suicide?

Sacred Heart Cemetery

Feb. 25<sup>th</sup> 1907

Germans Frame

undertaker

Name  
in  
Full

Ellen Mary McLaughlin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month February	Day 23	Years 63	Months 2	Days
Sex Female	Color or Race white	Birth-place Balt Co.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	Father's Birthplace	Baltimore Co.
Father's Name	James McLaughlin		Mother's Birthplace	Baltimore Co.	
Mother's Maiden Name	Malinda Patterson Thomas.		Name of person giving Information	How related to deceased	Niece
Primary	Pulmonary Tuberculosis		How long	7 years	
Immediate	anaemia		How long	8 months.	

PHYSICIAN  
OR CORONER



Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

JBC Jones MD  
111 N Evans Balt Md

Accident or Suicide?

neither,

H. & W. Jenkins & Sons Co.  
233 W. Washington St.

Inverness Building Co.

on  
Ready Ave., near old York Road or  
Arlington Ave.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Louisa Lauer

CERTIFICATE OF DEATH

Died at <u>Hartmanns</u>		Town <u>Baltimore</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>23</u>	Age <u>77</u>	Years	Months <u>7</u> Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Phila Pa</u>			
Occupation <u>S</u>	Where Residing if not at place of death <u>S</u>				
Married, Single <u>Widow</u>	Name of Wife or Husband <u>John Lauer</u>				
Father's Name <u>John Marshall</u>	Father's Birthplace <u>Prague</u>				
Mother's Maiden Name <u>-</u>	Mother's Birthplace <u>Ta</u>				
Name of person giving information <u>Mrs A Elizabeth Smardon</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General debility of age

How long

Confined to bed 6 months

Immediate

debility of age

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. Golderdice M.D.

Address  
721 Columbia Ave.  
Baltimore City

Accident or Suicide? -

1

Laudon Park

Jos B Cook

Name  
in  
Full

Malvin Joshua Luther

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> TOWN		County		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>14</u>	Age <u>48</u>	Years	Months <u>10</u> Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Hagerstown</u>			
Occupation <u>h</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

(5)

Immediate

Bronchitis

How long

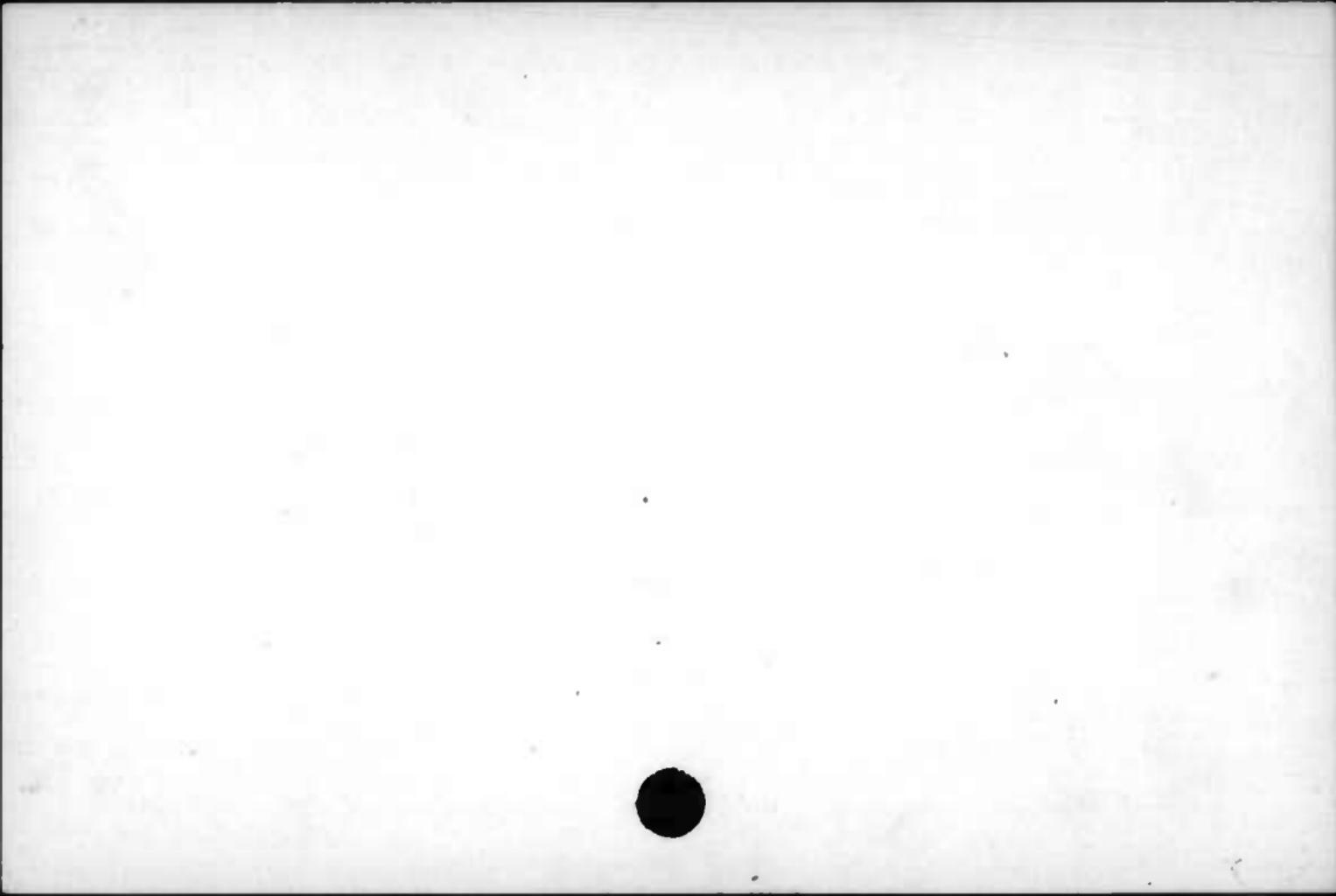
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

10 days  
J.C. Steffens



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>Holylandton</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>2</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>2</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>414, Boundary</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single <input checked="" type="checkbox"/> Widowed	Name of wife or Husband <u>—</u>						
Father's Name <u>Otto Leutte</u>	Father's Birthplace <u>Ind.</u>						
Mother's Maiden Name <u>Kate Fischlach</u>	Mother's Birthplace <u>Ind.</u>						
Name of person giving information <u>Otto Leutte</u>	How related to deceased <u>Son</u>						

## CAUSES OF DEATH

Primary Premature birth (5) How long 2

Immediate Chancery How long 2 day

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician

Address

J.C. Schaeffer  
1400 First St.

1

Accident or Suicide?

Hawarden Bay  
Isr Caevel,

---

Name  
in  
Full

Margaret Ann. Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at	Bethel Hill (near Parkton)	Baltimore	
Date of death	Month	Day	Years
1907	2	8	56
Age	0	0	0
Sex	Female	Color or Race	White
Occupation	Housewife		
Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John Henry Lewis		
Mother's Maiden Name	Frances Parr Lewis		
Name of person giving information	F. P. Lewis		
Father's Birthplace	England		
Mother's Birthplace	Balti.		
How related to deceased	Brother		

CAUSES OF DEATH

Primary

There were no indications

How long

Immediate

Brain Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Daniel V. Moyer MD

Maryland Sine  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Margaret Ann Liedermeier

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sparrows Point	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	2	13	Age 72	" 11	27
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	None	Name of Wife or Husband	Wm H Liedermeier		
Father's Name	Richard Hossett				
Mother's Maiden Name					
Name of person giving information	W H Liedermeier, son				

CAUSES OF DEATH

Primary

Organic Stark Disease

How long 5 or 6 yrs.

Immediate

Colitis

How long 4 or 5 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J W Woodward MD  
Sparrows Point  
Md.

Accident or Suicide?





Name  
in  
Full

Thomas Lloyd

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Canton

County Baltimore

MARYLAND

Date of death 1907

Month Feb.

Day 8

Age 66

Years 66

Months 10

Days 5

Sex Male

Color or Race white

Birth-place Wales

Occupation Labour

Where Residing if not  
at place of death

Married, Single  
or Widowed Married

Name of Wife or  
Husband Jane Lloyd

Father's Name John Lloyd

Father's Birthplace Wales

Mother's Maiden Name Gwynneth Hughes

Mother's Birthplace "

Name of person giving  
Information Jane Lloyd

How related  
to deceased Wife

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Cardiac Syncope

93

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

1907

Signature of  
Physician

D.W. Jones M.D.  
316 Edgewell St.

Address

Accident or Suicide?

I  
PHYSICIAN  
OR CORONER

Ch. Jones.

—  
Mr. Carmel.

Name  
in  
Full

John G. Loeffler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore, County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	Feb.	1st	36	6	6	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Saloon Keeper		Where Residing if not at place of death	united		
Married, Single or Widowed	Married	Name of Wife or Husband	Cecilia Becker Loeffler			
Father's Name	George Loeffler		Father's Birthplace	Germany		
Mother's Maiden Name	Catherine Greber		Mother's Birthplace	Germany		
Name of person giving information	Cecilia Loeffler		How related to deceased	Wife		

CAUSES OF DEATH

Primary

Diabetes of heart  
Heart failure

How long

3 months

How long

Immediate

Signature of Physician  
Address

Are the name, age, sex, color, date and place correctly given above?

yes

E. W. Loeffler  
Editor Regatta



Accident or Suicide?

Sacred Heart Cemetery

Feb. 4<sup>th</sup> 1907

Germans from

the late

Name

in  
Full

Thomas L. Lomax

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Baltimore		County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days		
Sex	male	Color or Race	White		Birth-place	va.		
Occupation	Commercial Traveler		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband						
Father's Name								
Mother's Maiden Name								
Name of person giving information	H. H. Mathews							

## CAUSES OF DEATH

Primary

Aphoplexy

(64)

How long

3 hours

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Mathews  
Pikesville Md

I

Accident or Suicide?

London Park

David H. Kraft.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR  
CORONER  
I O B

Anastasia M. Mc Cleary  
Town County  
Lauraville Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Month	Day	Years	Months	Days
Died at Lauraville		2	27	29	5	19
Date of death 1907						
Sex Female	Color or Race	Occupation				
	White	None				
Married, Single or Widowed	Married					
Name of Wife or Husband	George R. Mc Cleary					
Father's Name	William P. Amulang	Father's Birthplace				
Mother's Maiden Name	Emma Reisi	Md.				
Name of person giving information	Geo R. Mc Cleary	Mother's Birthplace				
		How related to deceased				
		Husband.				

CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

Two years

Immediate

Exsanguination

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E Gallenbach Darling MD

Address

Lauraville

Accident or Suicide?



Name  
in  
Full

George L. McGuire

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Mt. Hope Retreat		Town	County		MARYLAND	
Date of death 1907	Month Feb	Day 23rd	Years Age 63	Months	Days	
Sex Male	Color or Race White					Birthplace Ga.
Occupation Ex Confed. Soldier -	Where Residing if not at place of death Sol. Home - Takoma					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name unknown			Father's Birthplace unknown			
Mother's Maiden Name VI			Mother's Birthplace "			
Name of person giving information Recd. Mt. Hope			How related to deceased Not at all.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Melancholia -

Immediate

Ex. Pneumonia

(93)

How long

about 1 year

How long

3 or 4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

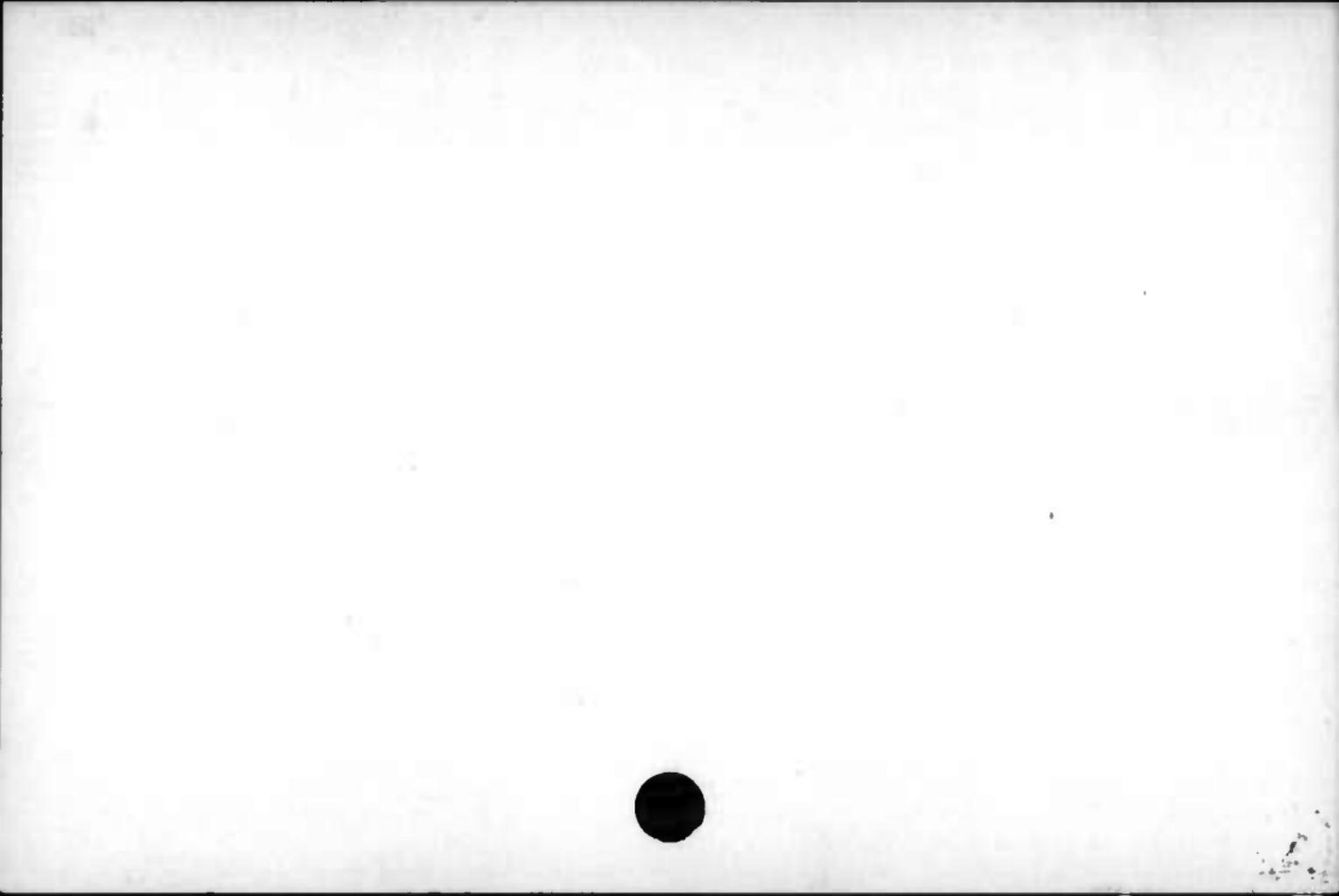
Signature of Physician

Address

Frank J. Flannery M.D.  
Mt. Hope Retreat  
Mt. Hope Md.

Accident or Suicide?

1



Name  
in  
Full

Patrick McSlos

CERTIFICATE OF DEATH

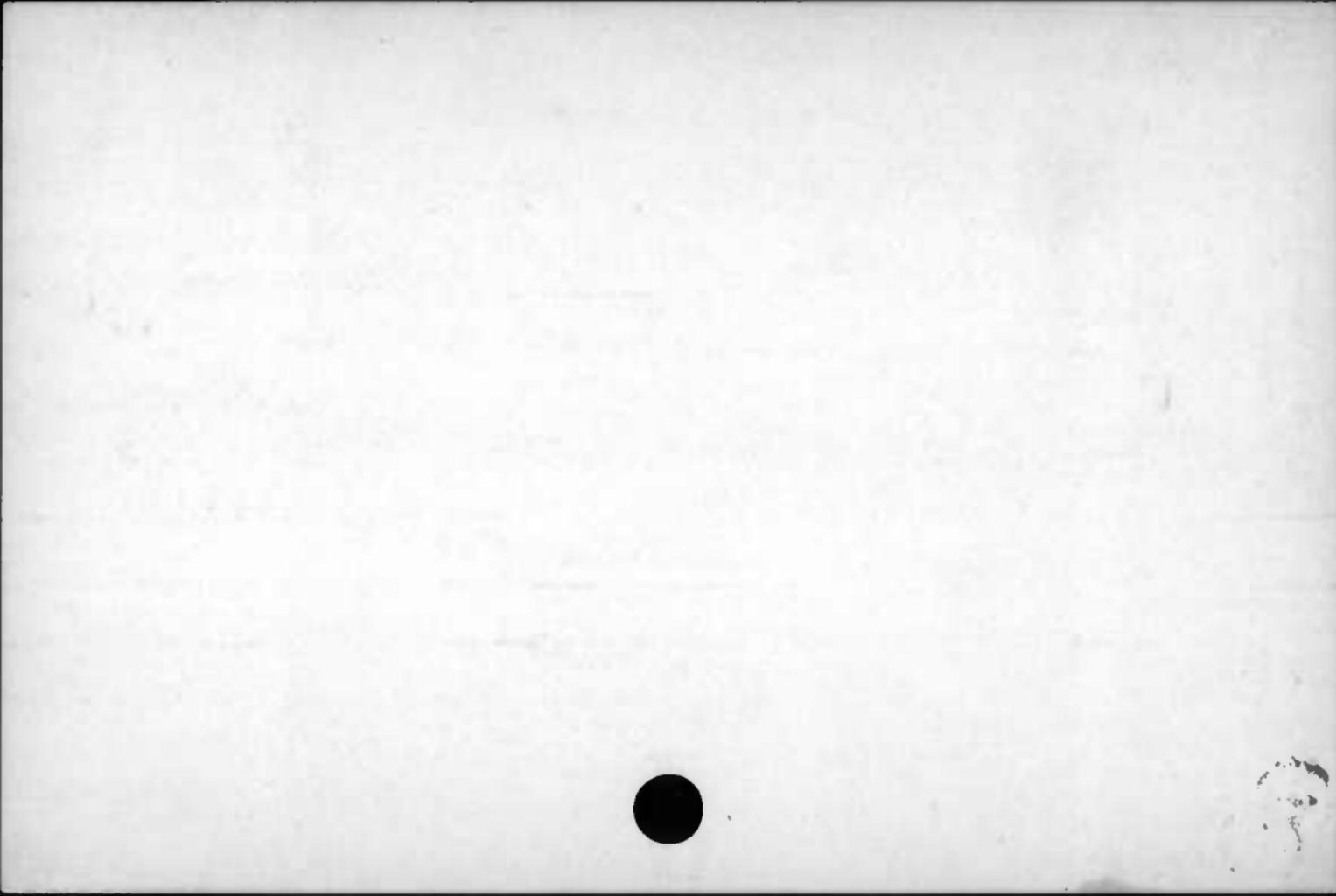
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	87
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Ireland	
Father's Name	Same		
Mother's Maiden Name	Dont know		
Name of person giving information	Dont know		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Congestion	How long
Immediate	Exhaustion & Coma	3 days
Are the name, age, sex, color, date and place correctly given above?		How long
Signature of Physician		Address
Address		W. D. Shiple and Saramants
Accident or Suicide?		Ned



Name  
in  
Full

Richard Mackael

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hawarden</u>		Town <u>Bach</u>	County	MARYLAND		
Date of death <u>1907</u>	Month <u>2</u>	Day <u>23</u>	Years <u>60</u>	Age	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>N.D.</u>				
Occupation <u>Iscoom</u>	Where Residing If not at place of death <u>Hawarden</u>					
Married, <u>Singl</u>	Name of Wife or Husband <u>Sarah Isaac</u>					
Father's Name <u>Adam Mackael</u>	Father's Birthplace <u>N.D.</u>					
Mother's Maiden Name <u>Mary Mackael</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>Chas't Mackael</u>	How related to deceased <u>Son.</u>					

CAUSES OF DEATH

Primary

La Grippe.



How long

several days

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

No. 8. Myer  
Pineapple Ned.

PHYSICIAN  
OR CORONER

1

Accident or Suicide?

Sam'l H. Chase  
Mt. Zion Cemetery

Name  
in  
Full

Mrs Willie A. Mahon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

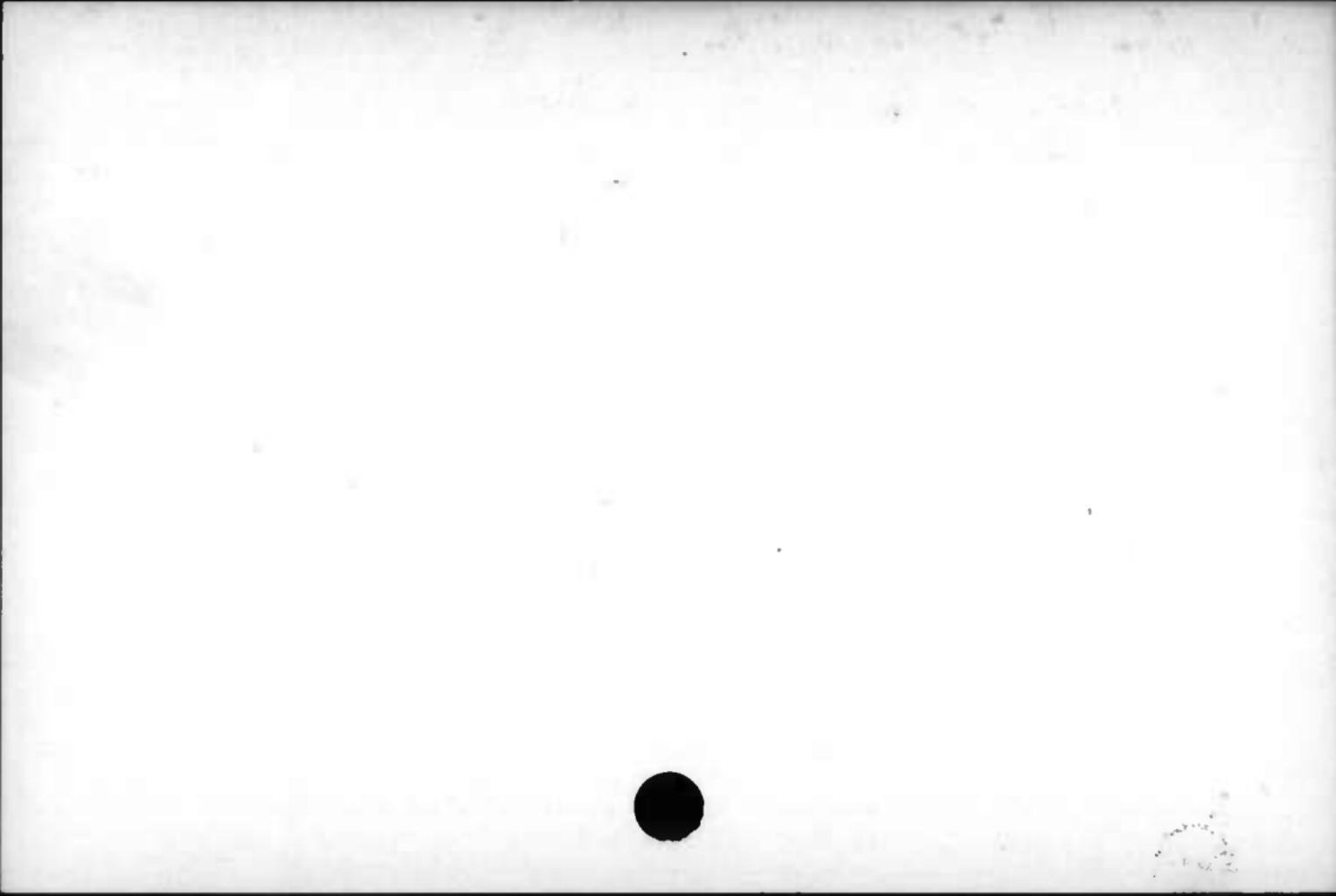
Town	County	MARYLAND	
Died at Mt Hope Retirees	Balto	Months	Days
Date of death 1907	Month Feb	Day 19	Years Age 42
Sex Female	Color or Race white	Birth place Louisville Ky.	
Occupation None	Where Residing if not at place of death Jacksonville Fla.		
Married, Single or Widowed Married	Name of Wife or Husband unknown		
Father's Name unknown	Father's Birthplace Unknown		
Mother's Maiden Name "	Mother's Birthplace "		
Name of person giving Information	Reeds Mt Hope Retirees	How related to deceased	Not at all

CAUSES OF DEATH

Primary Melancholia	6	How long abt 10 mos -
Immediate Ex - Auto Toxic - Diarrhea		How long abt 2 wks -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Flannery	
	Address	
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Thos. J. Mahoney Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Feb	22	Age	2	13
Sex	male	Color or Race	white	Birth-place	Sparrows Pt.
Occupation	Where Residing if not at place of death			Sparrows Pt.	
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	Thos. Mahoney Jr.			Father's Birthplace	Ireland
Mother's Maiden Name	Mary William			Mother's Birthplace	Wales
Name of person giving Information	Thos. Mahoney Sr.			How related deceased	Father

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

4 days

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

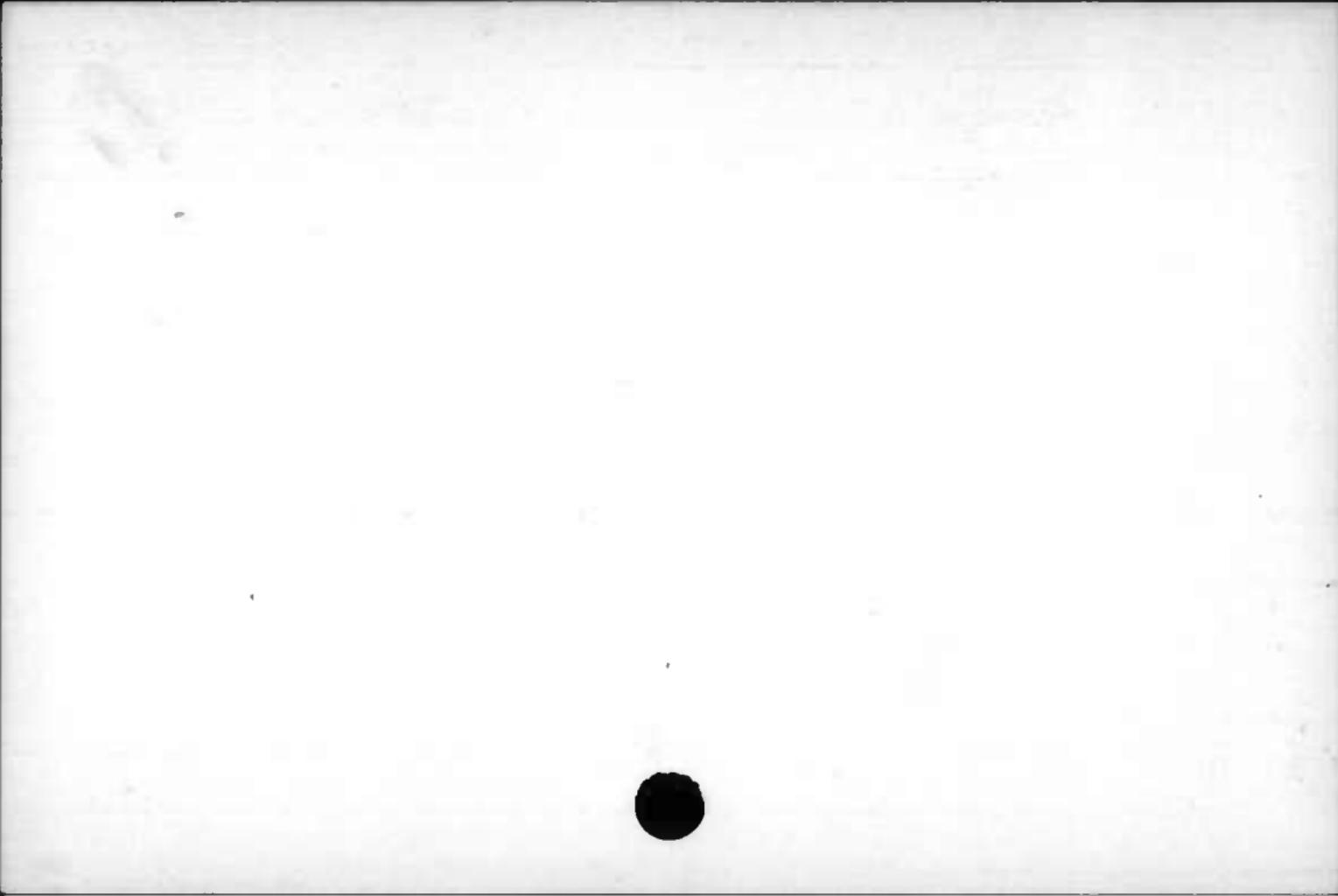
Address

H. C. Peltier M.D.

Sparrows Pt.  
Md.

Accident or Suicide? —





Name  
in  
Full

Alexander Agnew Martin (Anfette  
ex)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sheppard & E. P. Town Died at Hospital Towson		County Baltimore		MARYLAND	
Date of death 1907	Month 2	Day 10	Years 54	Months	Days
Sex Male	Color or Race white	Birth-place Norfolk Va			
Occupation Hard-wear Merchant		Where Residing if not at place of death Portsmouth			
Married, Single or Widowed Single		Father's Birthplace Norfolk Va Va			
Father's Name Wm. Martin		Mother's Birthplace Va.			
Mother's Maiden Name Virginia A. Porter		How related to deceased Physon			
Name of person giving information Est Brush		(18)			

CAUSE OF DEATH

Primary	Insanity (Melancholia)	How long	6 Mos
Immediate	Acute Enteritis	How long	10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Est Brush

The Sheppard & Enoch Pratt Hospital.

PHYSICIAN  
OR CORONER



Accident or Suicide?

Towson Balt Co Md

Geo J Smith & Co

1000 W. Fayette St.

Norfolk

Va.

Name  
in  
Full

Otis Meedes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information	J. D. Lingle	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Struck by B & O Railroad train

How long

Immediate

Body crushed,

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

August W. Miller Brown  
Mr Williams  
Md.



Accident or Suicide?

Accident

Nicholas Fink

Name  
in  
Full

Poesenat Friedek Mied

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Gardenville	Bucks	Months	Days
Date of death	Month	Day	Years	
1907	Feby	16	Age	78
Sex	Color or Race	Birth-place		
Female	white	Germany		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	<del>Joseph Mied</del>		
Married	Joseph Mied	Father's Birthplace	Germany	
Father's Name	not Known	Mother's Birthplace	Germany	
Mother's Maiden Name	"	How related to deceased	Son	
Name of person giving Information	Wm Mied		Son	

CAUSES OF DEATH

Primary

Pneumonia

93

How long

3 weeks

Immediate

Exhaustion

How long

X

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

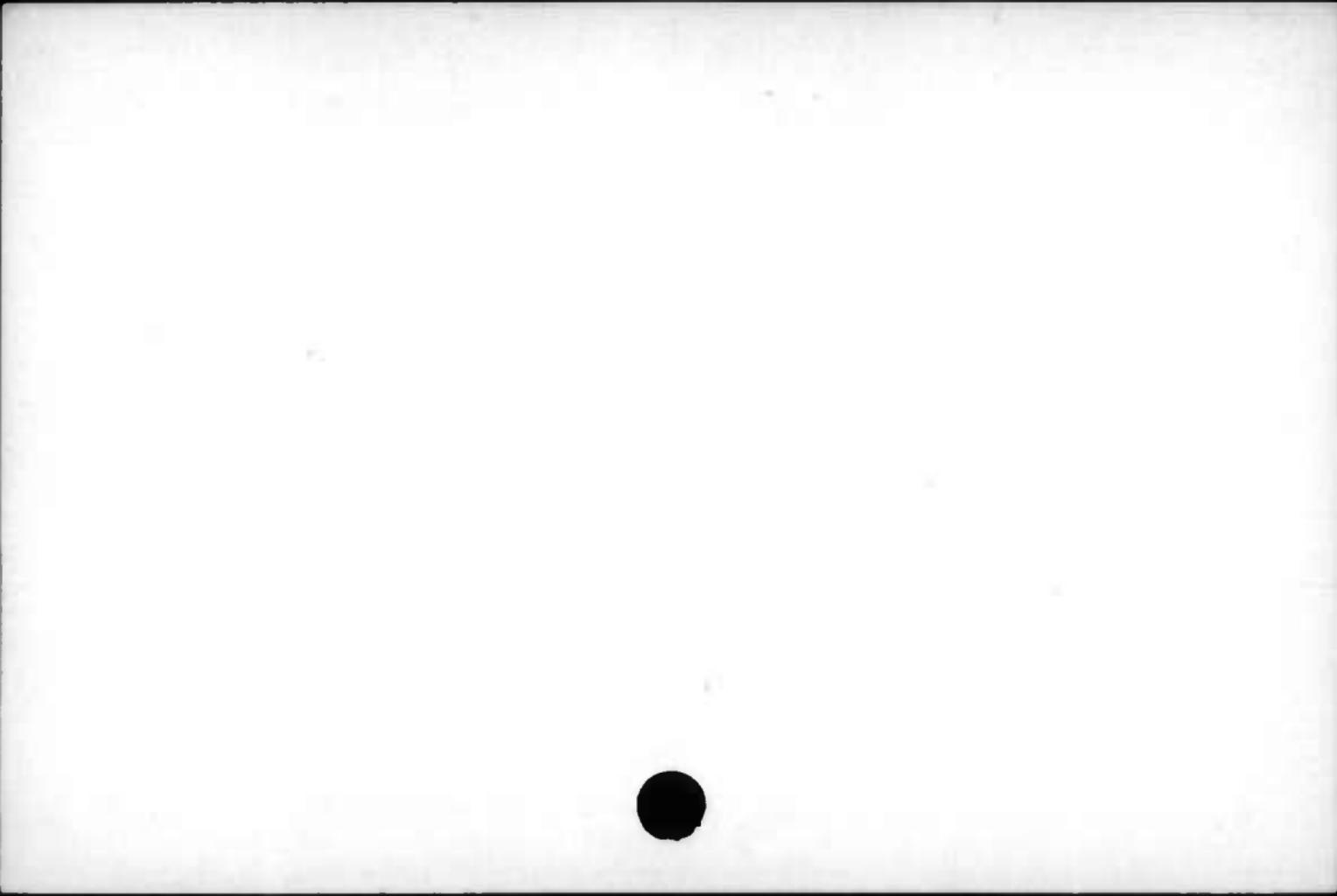
Address

Wm D. Corse M.D.

Gardenville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

(George Town) Valentine Müller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Georgetown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	2	21	75	11	4
Sex	male	Color or Race	white	Birth- place	Germany
Occupation	Labored	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		1, Brundis Court		
Father's Name	Mary Müller		Father's Birthplace		
Mother's Maiden Name	Not Known		Mother's Birthplace		
Name of person giving Information	Frank Müller		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aphoplexy

How long

16

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

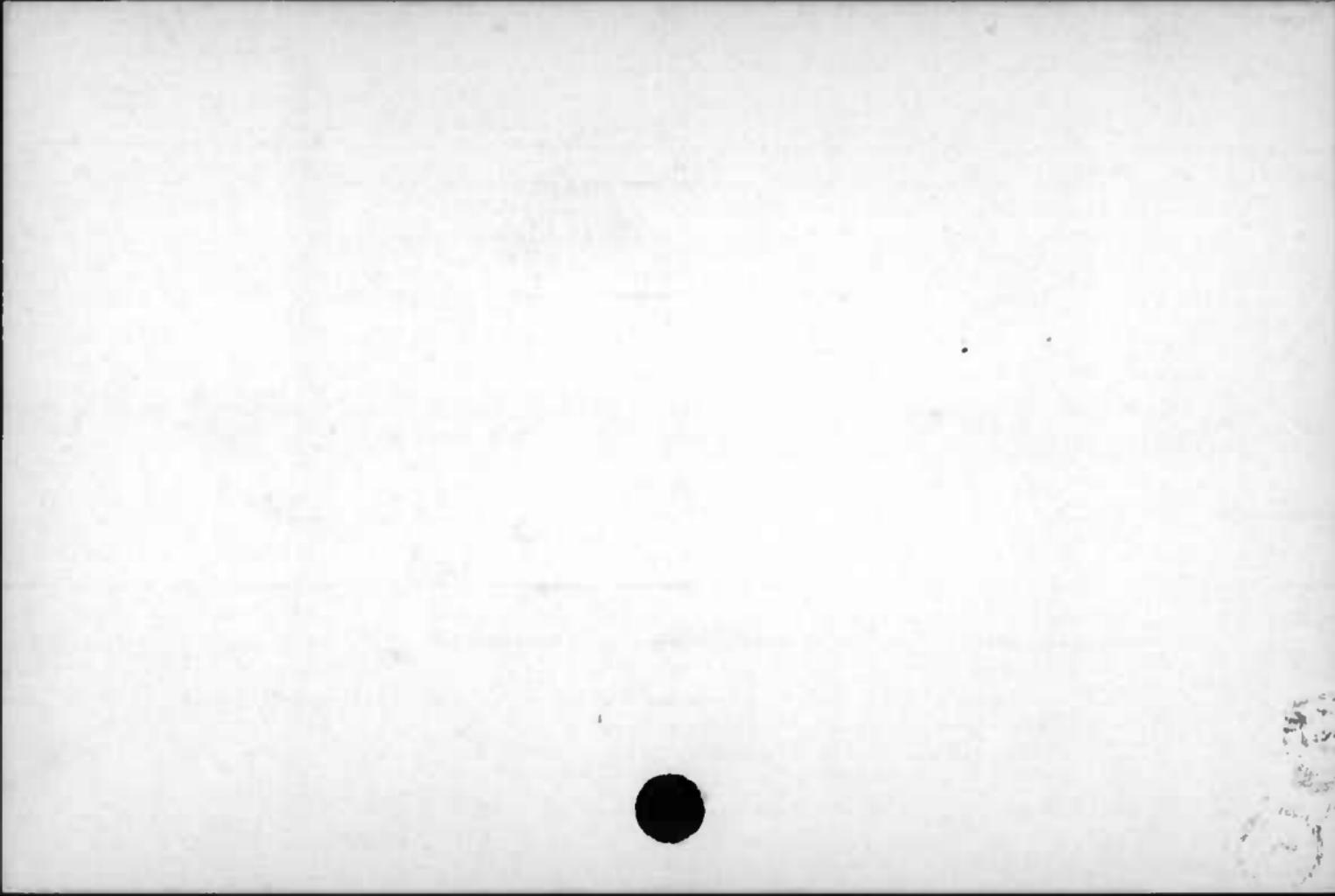
Yes

Signature of  
Physician

Address

Wm. D. Rose  
Gardenville  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Arthur Adelie Monroe

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Month

Day

Years

Days

Date  
of death

1907 Feb.

22

Age

1

Months

16

Sex

Male

Color or  
Race

colored

Birth-  
place

Baltimore

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Arthur Monroe

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Ranier Friend

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Arthur Monroe

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

Convolusions

How long

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

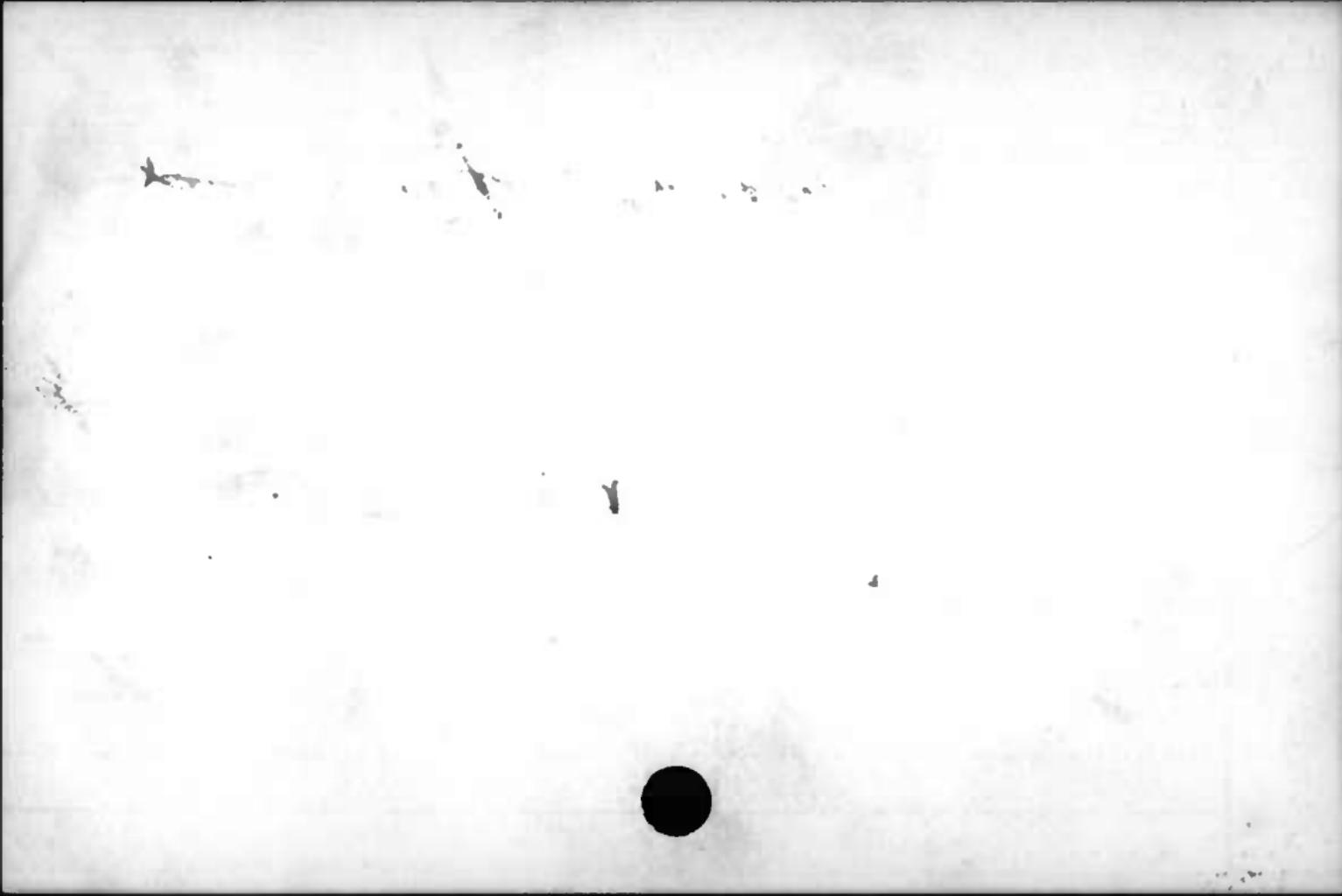
yes.

Signature of  
Physician

Address

P. G. Glau  
Mt. Adams

Accident or Suicide?



Name  
in  
Full

Sarah Fenwick Monuwonir.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dickeyville</u>	Town	County <u>Baltimore Co.</u>	MARYLAND
Date of death <u>1907</u>	Month <u>July</u>	Day <u>21</u>	Years _____
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dickeyville</u>	Months <u>1</u>
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name <u>Judith Carroll Monuwonir</u>	Father's Birthplace <u>Md.</u>
Mother's Maiden Name <u>Helen Fenwick Bur.</u>	Mother's Birthplace <u>Hondur.</u>	How related to deceased <u>Father</u>	
Name of person giving information			

CAUSES OF DEATH

Primary

Influenza

(10)

How long

4 days.

Immediate

Cardiac Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Fernwlll Monuwonir.  
Dickeyville, Md.

PHYSICIAN  
OR CORONER



Accident or Suicide?

H W Jenkins & Sons Company  
Bonnie Brae Cemetery

Name  
in  
Full

"Baby" More

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore		County			MARYLAND
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	White	Birthplace	Roland Park Md		
Occupation	—			Where Residing if not at place of death	—		
Married, Single or Widowed	Sing	Name of Wife or Husband	—				
Father's Name	Roland More	Father's Birthplace	Maryland				
Mother's Maiden Name	Emma J. Keman	Mother's Birthplace					
Name of person giving information	Clinton Keman	How related to deceased	Uncle				

CAUSES OF DEATH

Primary

Premature Birth (7 lb)

How long

—

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. G. More  
Roland Park Md.

PHYSICIAN  
OR CORONER

1

Accident or Suicide?

No

At Man's Government

Feb 7-87 —

Al Days Ball  
3539 Fall River  
City

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



James H. Morgan.

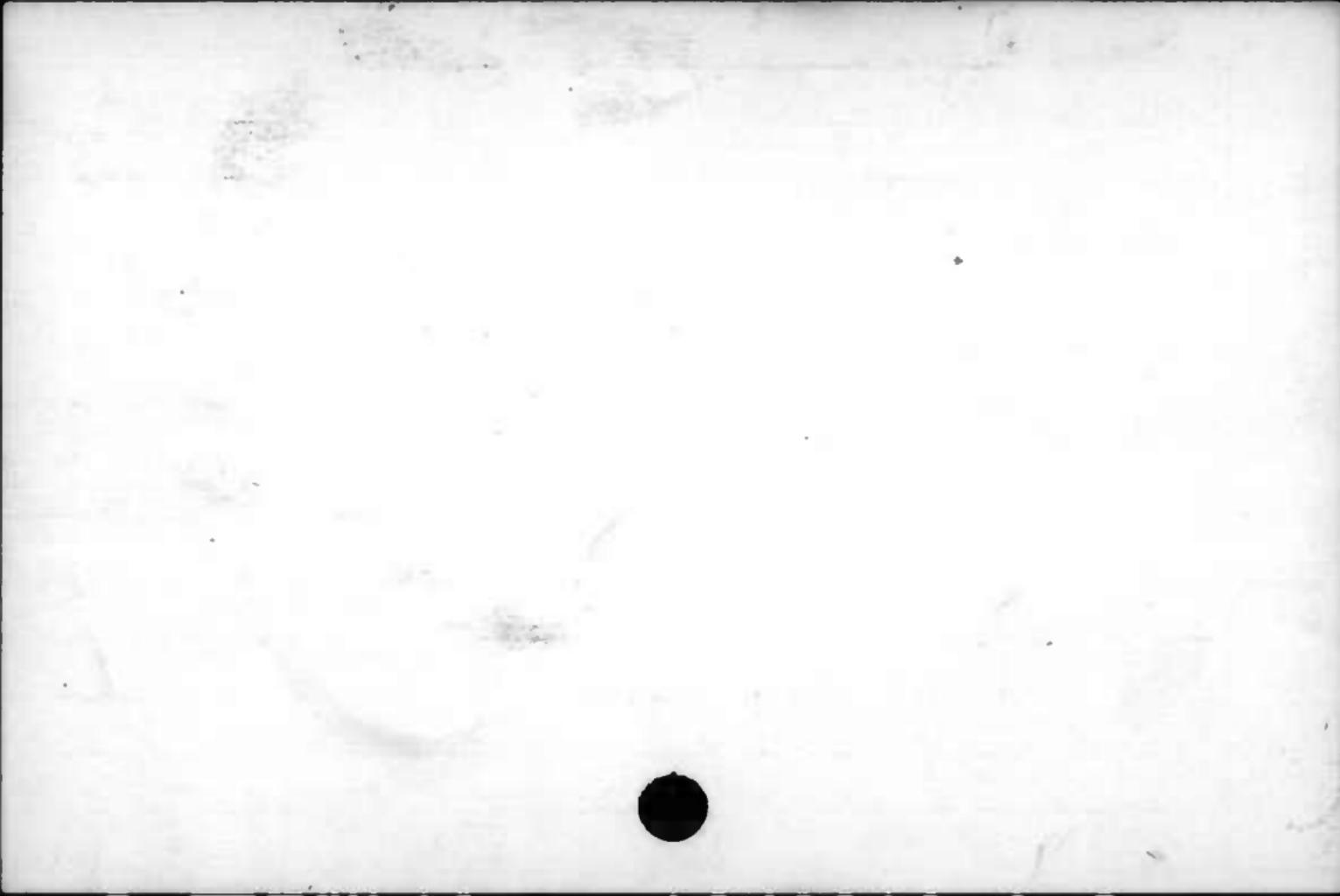
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Colclius Delight.		Baltimore.			
Date of death	Month	Day	Years	Months	Days
1907	July	20	76.	0	11.
Sex	Color or Race	27 white.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Place of death.			
Married.	E. A. Cross.				
Father's Name	Dont know.				
Mother's Maiden Name	Dont know.				
Name of person giving information	Mr E. A. Morgan.				

CAUSES OF DEATH

Primary	Carcinoma Sanguineum.	
Immediate	Suffocation.	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician
		Address
Accident or Suicide?	Hannerville Ballo. Co. Md.	





Name  
in  
Full

Verda May A. Murphy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	10	8	10
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Irene J. Murphy				
Mother's Maiden Name	Amie E. Tumilty				
Name of person giving Information	Amie E. Murphy				
	Ireland				
	Wash. D.C.				
	Mother				

## CAUSES OF DEATH

Primary

Pneumonia

Immediate

Meningitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. Miller Reed M.D.  
904 N. Fremont Ave.

1

PHYSICIAN  
OR CORONER

Accident or Suicide?

Cowley Bros  
Undertakers  
25 N. Fulton Ave  
Place of Burial  
New Cathedral

Name  
in  
Full

Jacob Nagel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Westport	Town	County	Baltimore Co	MARYLAND
Date of death	1907	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Age	49
Occupation	Paver	Birthplace	Germany		
Married, Single or Widowed	Married	Where Residing if not at place of death	311 Cedar St. Westport		
Father's Name	Jacob Nagel	Father's Birthplace	Germany		
Mother's Maiden Name	Unknown	Mother's Birthplace	Germany		
Name of person giving information	Margaret Nagel	How related to deceased	Wife		

CAUSES OF DEATH

Primary	Pneumonia	193	How long	8 ds.
Immediate	Acute Pulmonary Disease		How long	36 hours.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

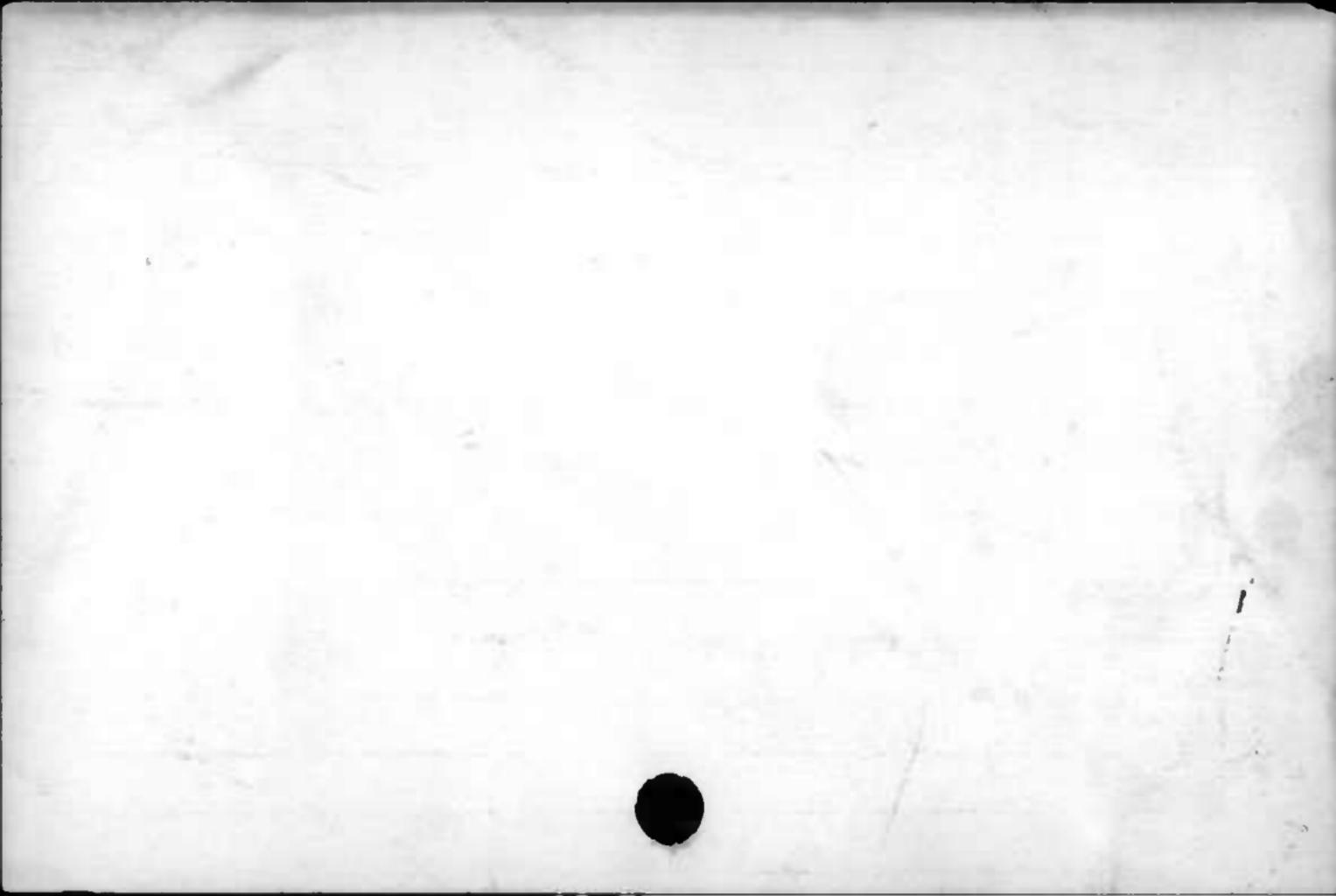
Yes

Signature of Physician

Address

Huberman Md  
400 Hanover  
Baltimore

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

PHYSICIAN  
OR CORONER

Died at <u>Lovens</u> Town		County <u>Balto.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>3</u>	Years <u>31</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Cal</u>	Birth-place <u>Md.</u>			
Occupation <u>Hauswif</u>	Where Residing if not at place of death <u>Lovens</u>				
Married, Single or <u>Widow</u>	Name of W. Husband <u>—</u>	Father's Birthplace <u>Va</u>			
Father's Name <u>Joseph A. Neal</u>	Mother's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Amy Covington</u>	How related to deceased <u>Brother</u>				
Name of person giving information <u>John W. Neal</u>					

## CAUSES OF DEATH

Primary

Congestive heart failure  
Exhaustion

How long

3 weeks

Immediate

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Gay et al. from Md.  
Lovens Md.

FEB 13 1979

102 E Mulberry St  
Ballou City NC  
Laurel Bankhead

REK 61904

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Virginia Temperance Föling

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 63	-1-	6
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Husband	as above		
Father's Name	A. W. Föling				
Mother's Maiden Name	Robert J. Higgins				
Name of person giving information	Ann Eliza Greamer				
	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal - Malignant		How long	Some 5 years
Immediate	Inflammation - Cancer		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. T. Kemp	
		Address	8 W 2.5 th.	
(I)	Accident or Suicide?			

Loridan Park City  
Stearns Howard Co  
215 Park Ave

Name  
in  
Full

George Henry Nott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Infant

Cleveland Nott

Roller Md.

Buckleyville

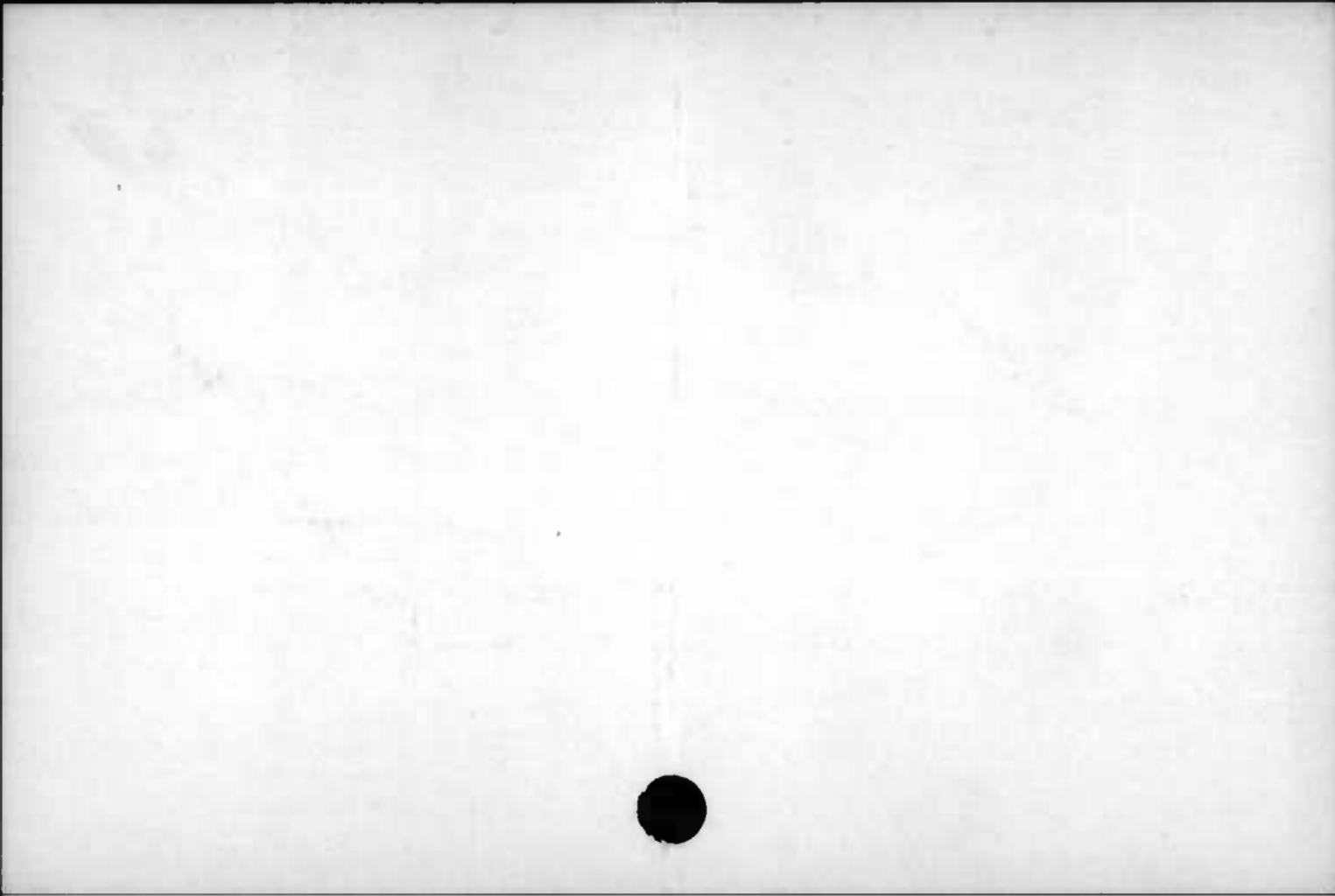
Parents

93

PHYSICIAN  
OR CORONER

Primary	CAUSES OF DEATH	
Croupal pneumonia	How long	Don't know definitely
Active congestion of lungs	How long	Eight to ten hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. B. Morris M.D.
Yes	Address	Freeland
Accident or Suicide?	Md.	

1



Name  
in  
Full

Charles Novak

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

Violitville Baltimore County  
1907 Feb 3 14 9 6  
Male White Baltimore City  
Helper on machine 1720 Eole st.  
Single \_\_\_\_\_  
Adam Novak Prussia (Germany)  
Louisa Kramer Hanover (Germany)  
Adam Novak Father

CAUSES OF DEATH

Primary

Drowning

How long

Immediate

Drowning

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank Abond (Coroner)

Address

Violitville.

Baltimore County.

Accident or Suicide?

Accident

Jos B. Cook - Undertaker.  
London Park Cemetery.

Name  
in  
Full

Mrs Hellie Odend 'hal.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
St Agnes Hospital	Baltimore		Months	Days	
Date of death 1907	Month Feb.	Day 6	Years 45	8	0
Sex Female	Color or Race White	Birth-place Brooklyn, N.Y.			
Occupation None	Where Residing if not at place of death Oakdale Ave, Parkside Rd.				
Married, Single or Widowed Married	Name of Wife or Husband Lucien C. Odend 'hal.	Father's Birthplace Maine			
Father's Name Robert Grant	Mother's Maiden Name Josephine Marshall	Mother's Birthplace N.Y.			
Mother's Maiden Name	Name of person giving information Lucien C. Odend 'hal.	How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Adynamic Ileus.

108

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

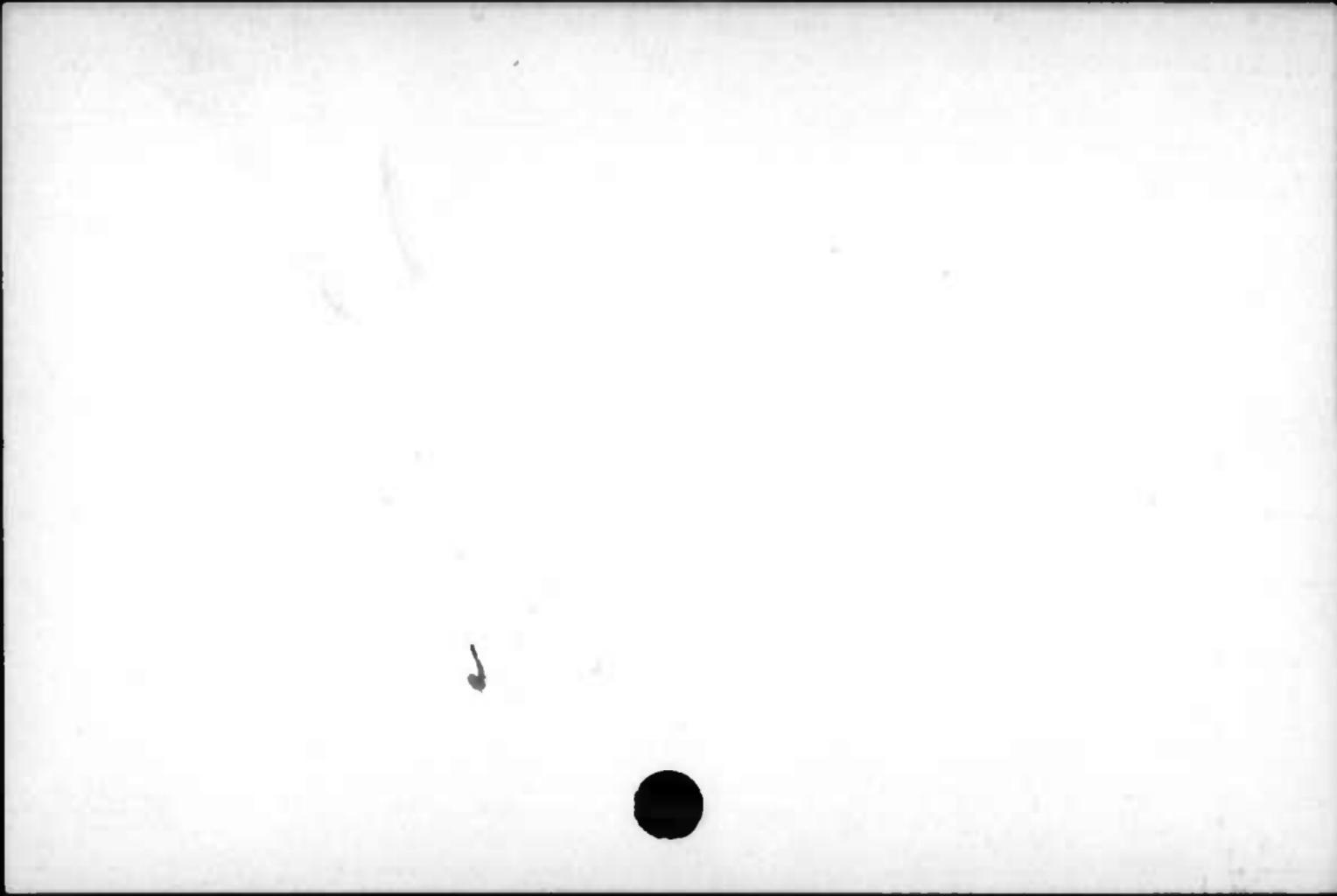
J.W. Shaw.

St. Agnes Hospital.



Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Feb.	28	Age	4		
Sex	Male	Color or Race	Megro	Birth-place	Spencerville	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Punkin Alley					
Mother's Maiden Name	Lulu Gato					
Name of person giving information	Punkin Alley					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER



Primary

Diarrhoea

How long

Alleys

Immediate

Splenomegaly

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

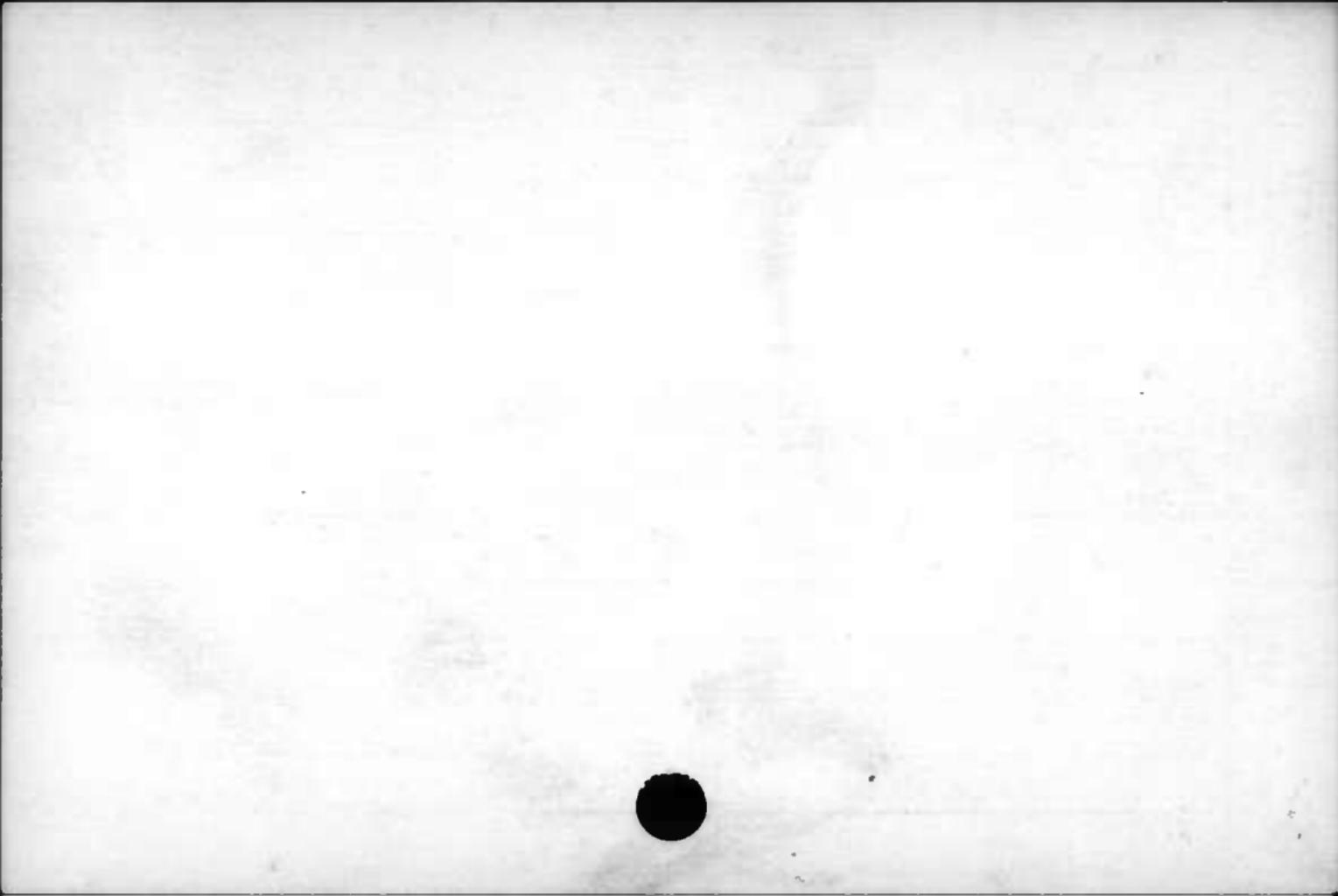
F. Le Sheldon M.D.

Spencerville

Md.

Accident or Suicide?

No



Name  
in  
Full

Oscar B. Peregoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Died at Foulard P.O. Town Baltimore County

MARYLAND

Date of death 1907	Month February	Day 2	Age	Years	Months	Days
Sex Male	Color or Race	White		Birth-place	Baltimore Co	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Hannie Peregoy			Father's Birthplace	Balto. Co	
Mother's Maiden Name	Ida B. Sharpe			Mother's Birthplace	Balto. Co.	
Name of person giving Information	Dore. Peregoy			How related to deceased	Brother	

CAUSES OF DEATH

Primary

Typhoid Pneumonia

How long

Ten days

Immediate

Cerebral Meningitis

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

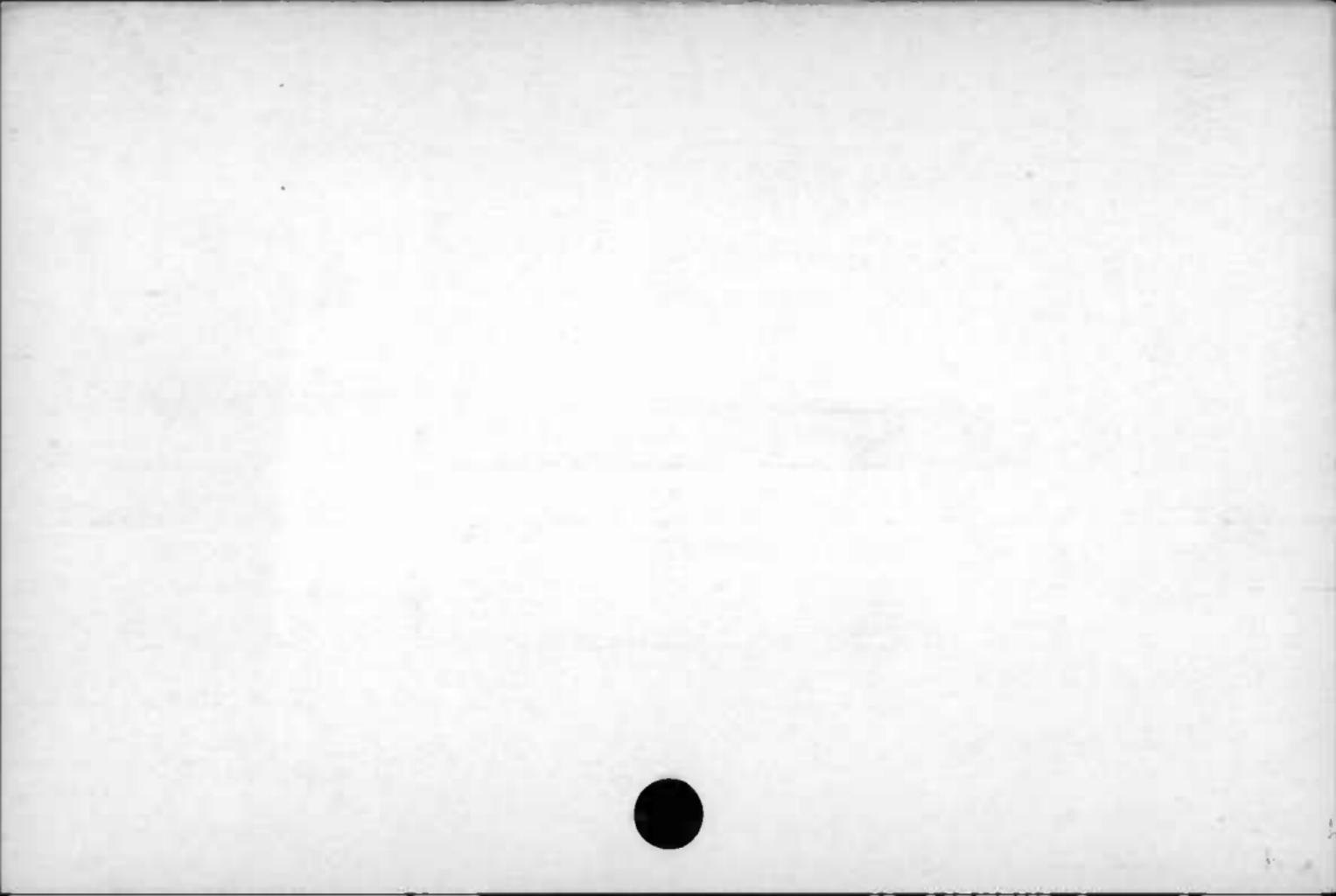
Yes -

Signature of Physician

Address

Joseph T. Baedwin  
Frederick Balto. Co. Md.

Accident or Suicide?



Name  
in  
Full

Margret Elizabethela. Peregoy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Near Reitors town</u>		Town	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>February</u>	Day <u>15<sup>th</sup></u>	Years <u>3.</u>	Months	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore city</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Baltimore County</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Wm. C. Peregoy</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Georgie A. Klausman</u>	Mother's Birthplace " "				
Name of person giving Information <u>Wm. C. Peregoy</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Spina - spinal meningitis

How long

48 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James Goss M.D.  
Reitors town Md.

Accident or Suicide?



Name  
in  
Full

William Thomas (Palson)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sparrrows Point	Baltimore			
Date of death 1907	Month Feb.	Day 17/15	Age 48	Years	Months Days
Sex	Male	Color or Race Colored	Birth- place Va		
Married, Single or Widowed	married	Occupation Laborer			
Name of Wife or Husband	Martha Palson				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information	Martha Palson	How related to deceased wife			

CAUSES OF DEATH

Primary

base of  
fract. skull

164

How long

Immediate

Intra cranial hemorrhage

How long  
Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

G. M. Cormick MD

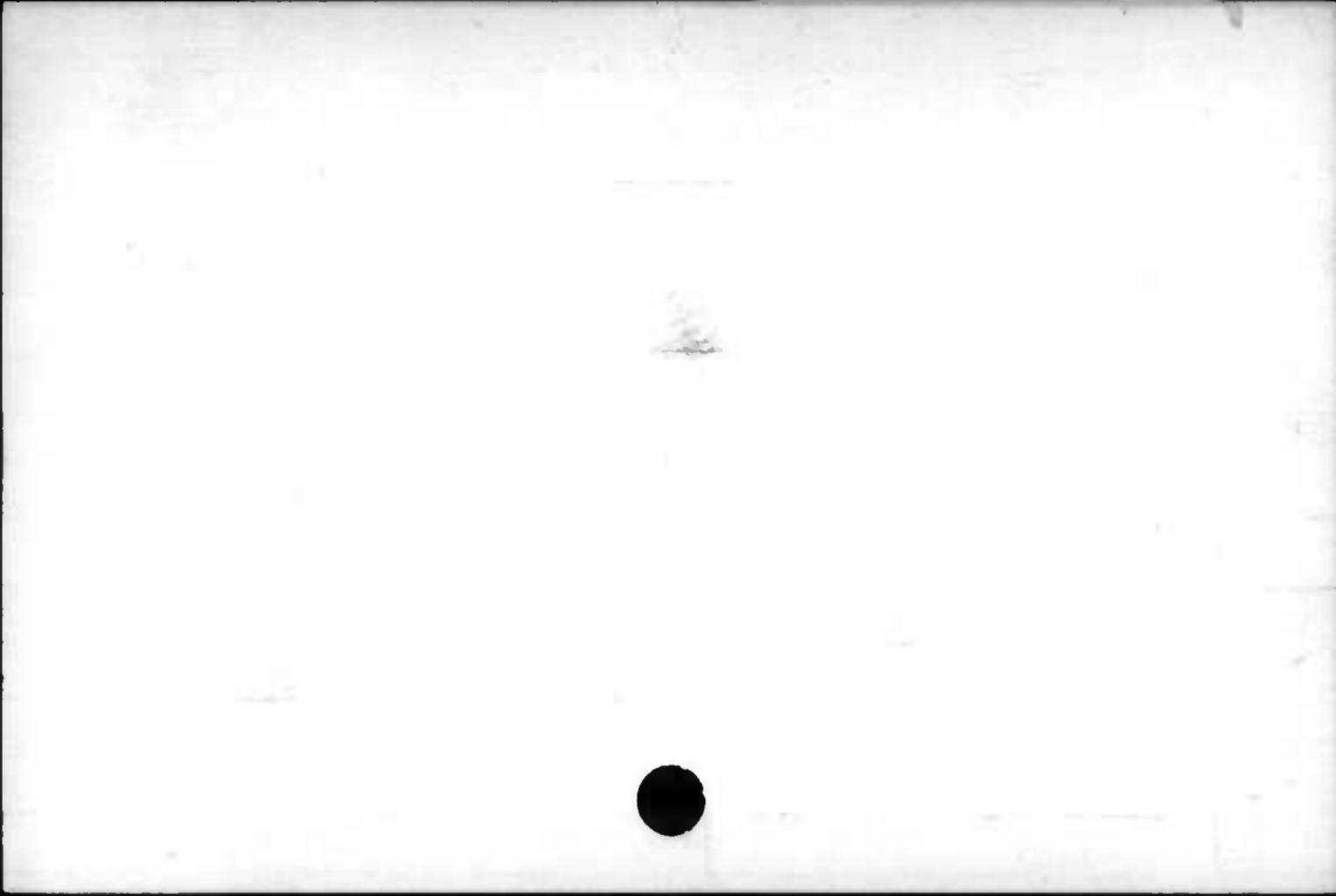
Sparrrows Point  
Md

Fell down flight of stairs.

Accident or Suicide? Accident

PHYSICIAN  
OR CORONER





Name  
in  
Full

William C. Quante

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND



Died at	Town	Hamilton	County	Baldo	MARYLAND
Date of death	Month	Day	Years	Age	Months Days
Sex	Male	Color or Race	w.	Birth-place	Germany
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Katherine Anna Quante		
Father's Name	Wm C H. Quante		Father's Birthplace	Germany	
Mother's Maiden Name	Smith Kuhn	Mother's Birthplace	Don't know		
Name of person giving Information	Katherine L. Quante	Now related to deceased	wife		

CAUSES OF DEATH

Primary	Dilatation of the heart		How long	Unknown
Immediate	Gradual exhaustion		How long	6 mo.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	George L. Long, M.D.	
		Address	Hamilton, Md	
Accident or Suicide?				

De Corse

Wm Cook

502 North Ave.

London Park

Feb 12/07

Name  
in  
Full

Signatius Regan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>17</u>	Years <u>—</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>singer</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Patrick Regan</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Margaret Colter</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Patrick Regan</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Bronchitis

How long

1 week.

Immediate

asthenia

How long

..

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. McAvoy M.D.  
839 S. Carlton St.



Accident or Suicide?

Sacred Heart Cemetery

Feb. 18<sup>th</sup> 1907

Germanus Hansen

An der kalten

Name  
in  
Full

Peter & Reidt

CERTIFICATE OF DEATH

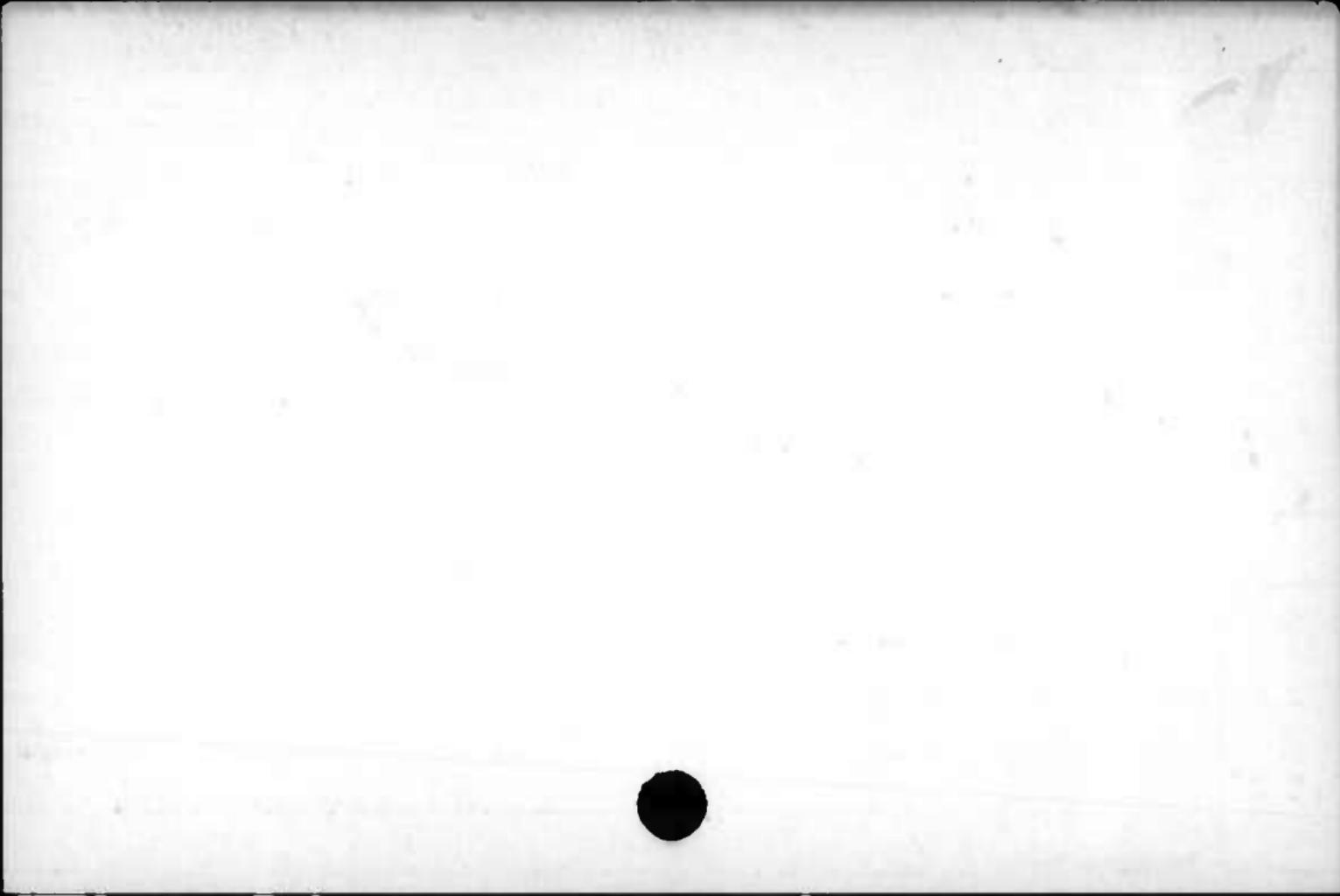
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	July	"	69		
Sex	Male	Color or Race	white	Birth-place	Bermuda
Occupation	Potter	Where Residing if not at place of death			
Married, Single or Widowed	widowed	Name of Wife or Husband	Margaretha Reidt		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Chas. Reidt			How related to deceased	Son

CAUSES OF DEATH

Primary	Labor Pneumonia	How long	3 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Alhey Jr.
		Address	2 Hudson St.
Accident or Suicide?			

PHYSICIAN  
OR CROWNER



Name  
in  
Full

Mary Ellen Bertha Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Edison</u>		Town	County <u>Balto.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>1</u>	Years <u>-</u>	Months <u>3</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>(Col)</u>					
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Edison</u>					
Married, Single or Widowed	Name of Husband					
Father's Name <u>Isaac Robinson</u>					Father's Birthplace <u>Md.</u>	
Mother's Maiden Name <u>Haggie Boyer</u>					Mother's Birthplace <u>Md.</u>	
Name of person giving information <u>Isaac Robinson</u>					How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary

Bronchitis-Pneumonia

How long

92 4 days

Immediate

Cardiac Arrest

How long

40 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Gaston Green M.D.  
Edison Md.

Accident or Suicide

undertaker

Robert A Elliott

Berial Sandy Bottom Farm

Name  
in  
Full

George Rohenig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Canton		Baltimore		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Feby	27	68	8	15	
Sex	Male	Color or Race	white	Birth-place	Germany	
Occupation	Stones Coper		Where Residing if not at place of death	232 Hudson St		
Married, Single or Widowed	married	Name of Wife or Husband	Margaret Rohenig			
Father's Name	Peter Rohenig		Father's Birthplace	Germany		
Mother's Maiden Name	Mary Rohenig		Mother's Birthplace	" "		
Name of person giving information	Margaret Rohenig		How related to deceased	wife		

CAUSES OF DEATH

Primary

Heart Trouble

How long

11 months

Immediate

Heart Disease

How long

immediately

PHYSICIAN  
OR CORONER  
Declining

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

P.A. Dunningan

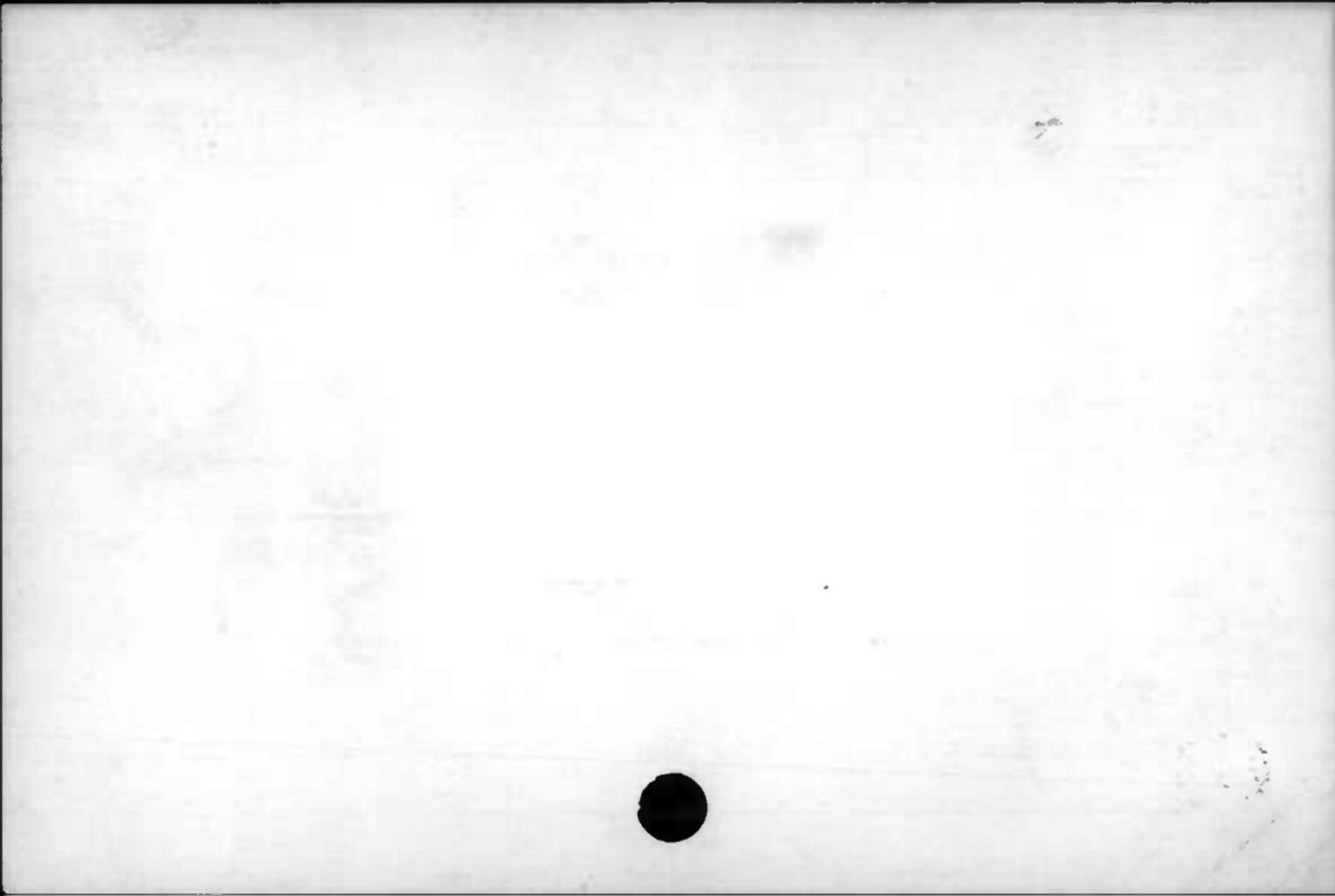
Address

203 Toone St.

Coroner

Accident or Suicide?

Natural



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Irene Sanders

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Died at	cliffords	Bolts	
Date of death	Month	Day	Years
190	2	7	
Age		Months	Days
Sex	Color or Race	Birth-place	
Female	white	cliffords	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Bolts
Father's Name	Frederick D. Sanders	Mother's Birthplace	Bolts
Mother's Maiden Name	Mary E. Real	How related to deceased	mother
Name of person giving information	Mary E. Sanders		

CAUSES OF DEATH

Primary	Convulsions	How long	3 days
Immediate	Exhaustion	How long	

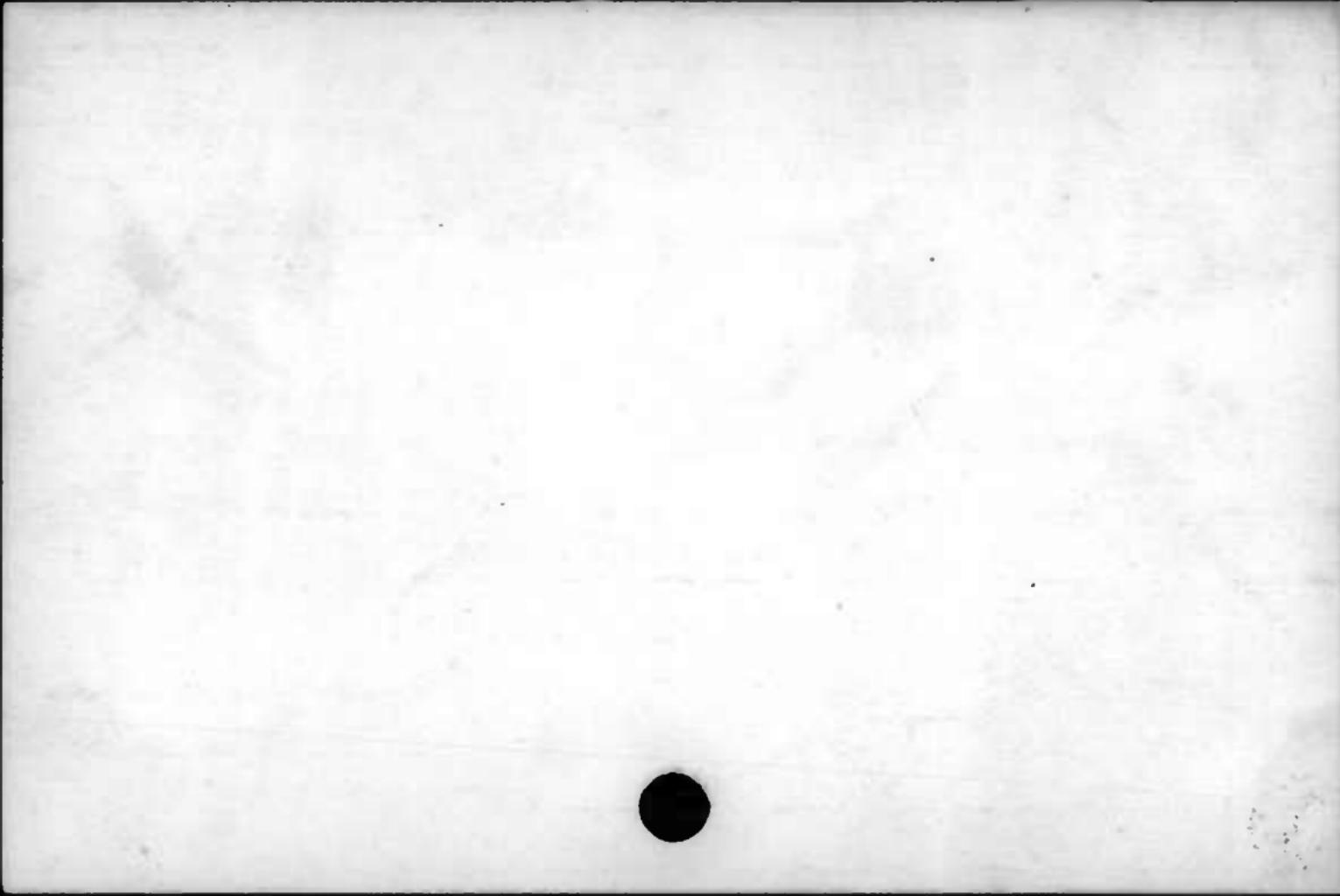
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B Hall  
Mt. Misss

Accident or Suicide?



Name  
in  
Full

Thomas Sater

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Pauline Sater		Unemployed		
Father's Name	John Sater		Father's Birthplace	Md.	
Mother's Maiden Name	Catherine Wilhelm		Mother's Birthplace	Md.	
Name of person giving Information	Catherine Sater		How related to deceased	Daughter	

CAUSES OF DEATH

Primary Pneumonia (93) Huw long 1 week  
Immediate Heart Failure How long 8 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. R. Mitchell.

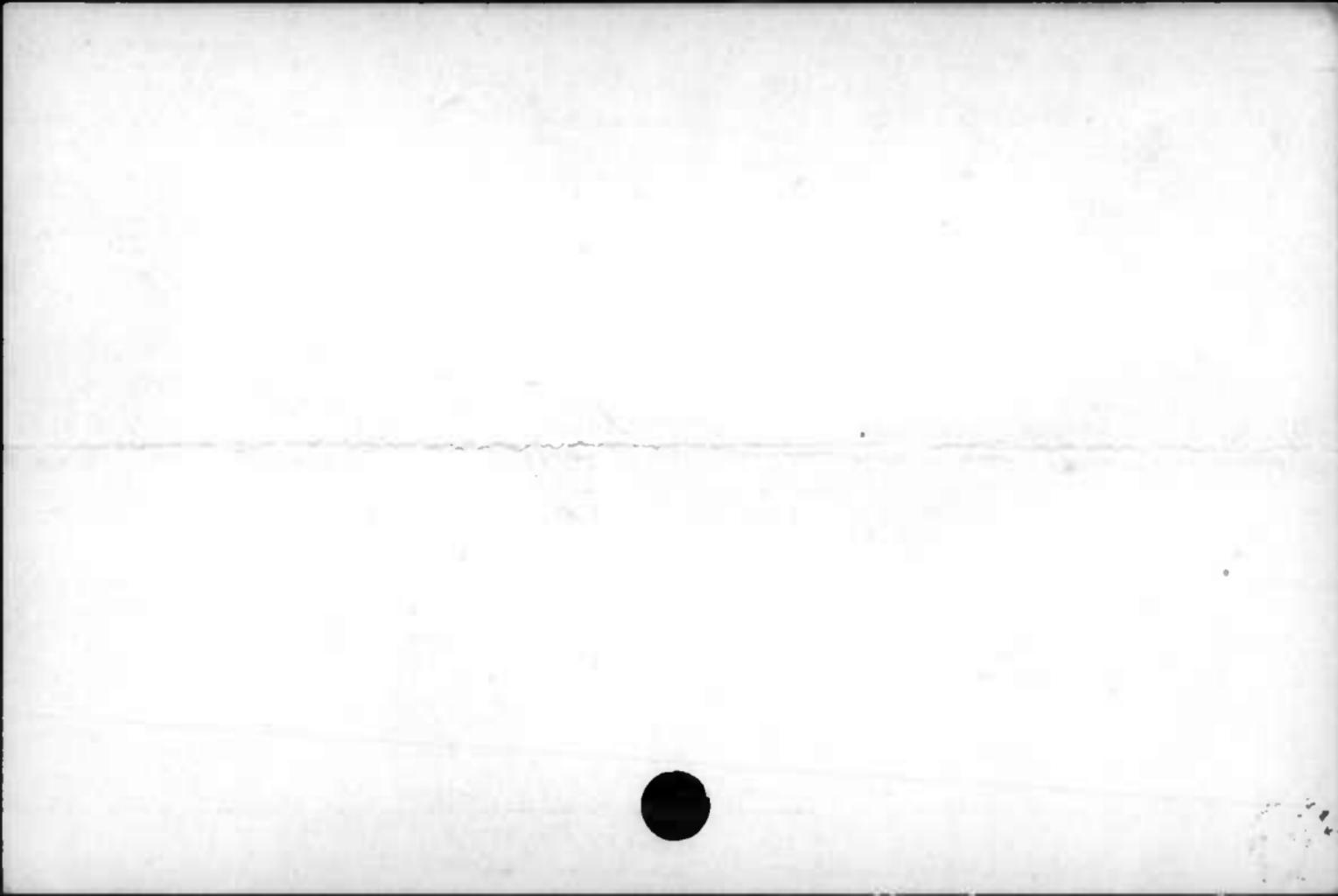
Address

Mount St.,  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Albert Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Violetville</u>	County <u>Baltimore</u>	MARYLAND		
Date of death 190	Month <u>7</u>	Day <u>3</u>	Years <u>13</u>	Months <u>5</u>	Days <u>27</u>
Sex	Male	Color or Race <u>White</u>	Occupation <u>Helper on machine</u>		
Married, Single or Widowed	<u>Single</u>				
Name of Wife or Husband					
Father's Name	<u>Schmidt</u>				
Mother's Maiden Name	<u>Elizabeth Hall</u>				
Name of person giving Information	<u>Elizabeth Hall</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Drowning

How long



Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Frank. A. Bond (Coroner)

Address

Violetville

Baltimore County



Accident or Suicide?

accident

Jos B Cook - Undertaker  
London Park Cemetery.

Name  
in  
Full

Anna Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
87 Agnes Hospital	Ballo.		Months	Days
Date of death 1907	Month Feb.	Day 27	Years 22.	
Sex Female	Color or Race White	Birth-place Germany		
Occupation Housework.	Where Residing if not at place of death 641 Portland St.			
Married, Single or Widowed Single.	Name of Wife or Husband	Father's Birthplace Germany		
Father's Name Geo Schroeder	Mother's Birthplace Germany			
Mother's Maiden Name Lizzie Schroeder	Germany			
Name of person giving information G.H.N. Schroeder.	How related to deceased Under.			

CAUSES OF DEATH

Primary

Abscess Liver

(114)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

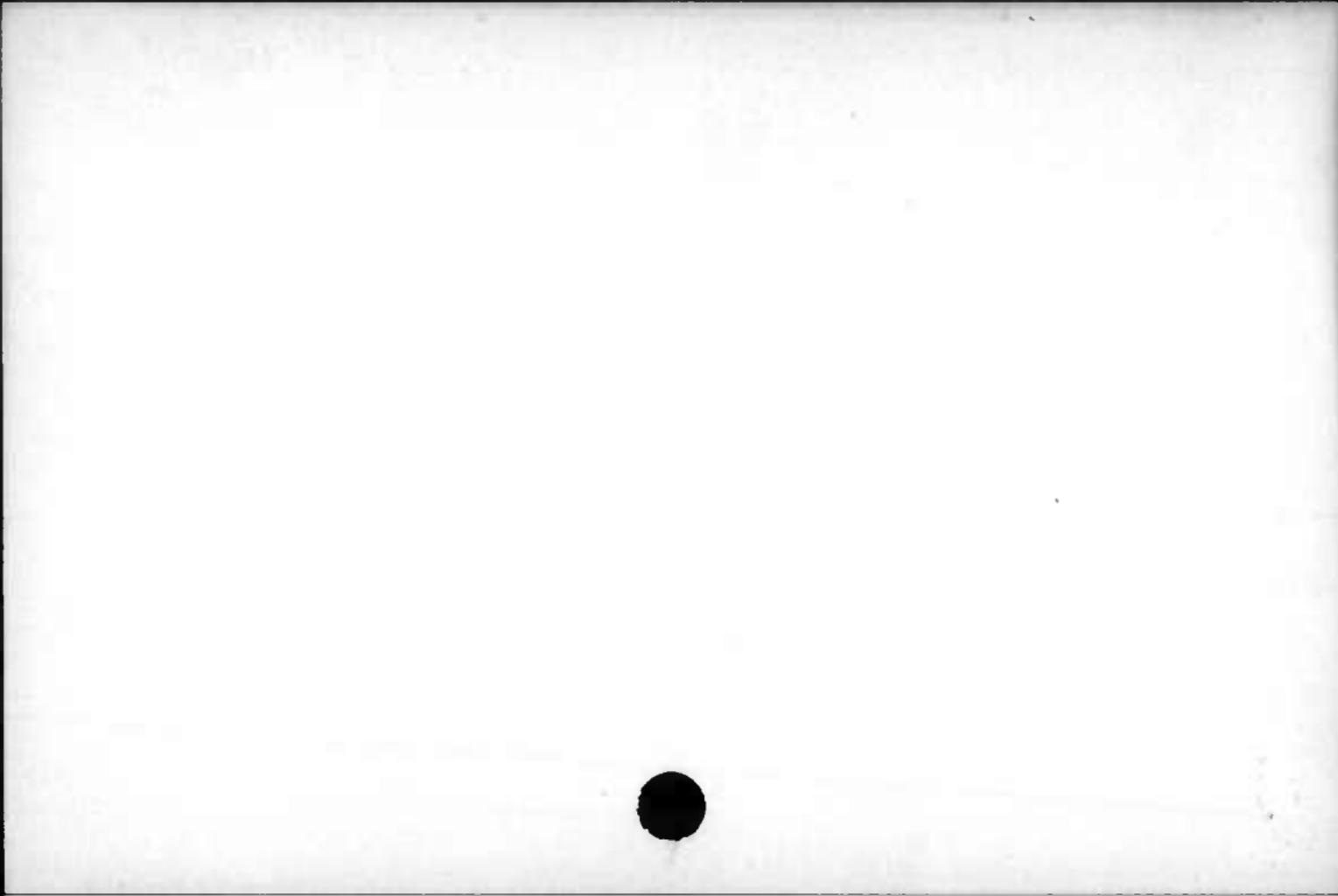
J.W. Shaw.

St Agnes Hospital.

PHYSICIAN  
CORONER



Accident or Suicide?



Name  
in  
Full

Seidley, August N.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Leakersville Town Bucks County

MARYLAND

Date of death 1907 Month Feb Day 27 Years 40 Months Days

Sex Male Color or Race white

Birth-place Ind.

Occupation Dentist Where Residing If not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Shilds

Father's Name George W. Seidley Father's Birthplace Germantown

Mother's Maiden Name Sophia Ide Mother's Birthplace Germany

Name of person giving Information Mrs Dunn How related to deceased Sister

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

General Paresis

How long

4 yrs.

Immediate

Exhaustion

How long

3 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

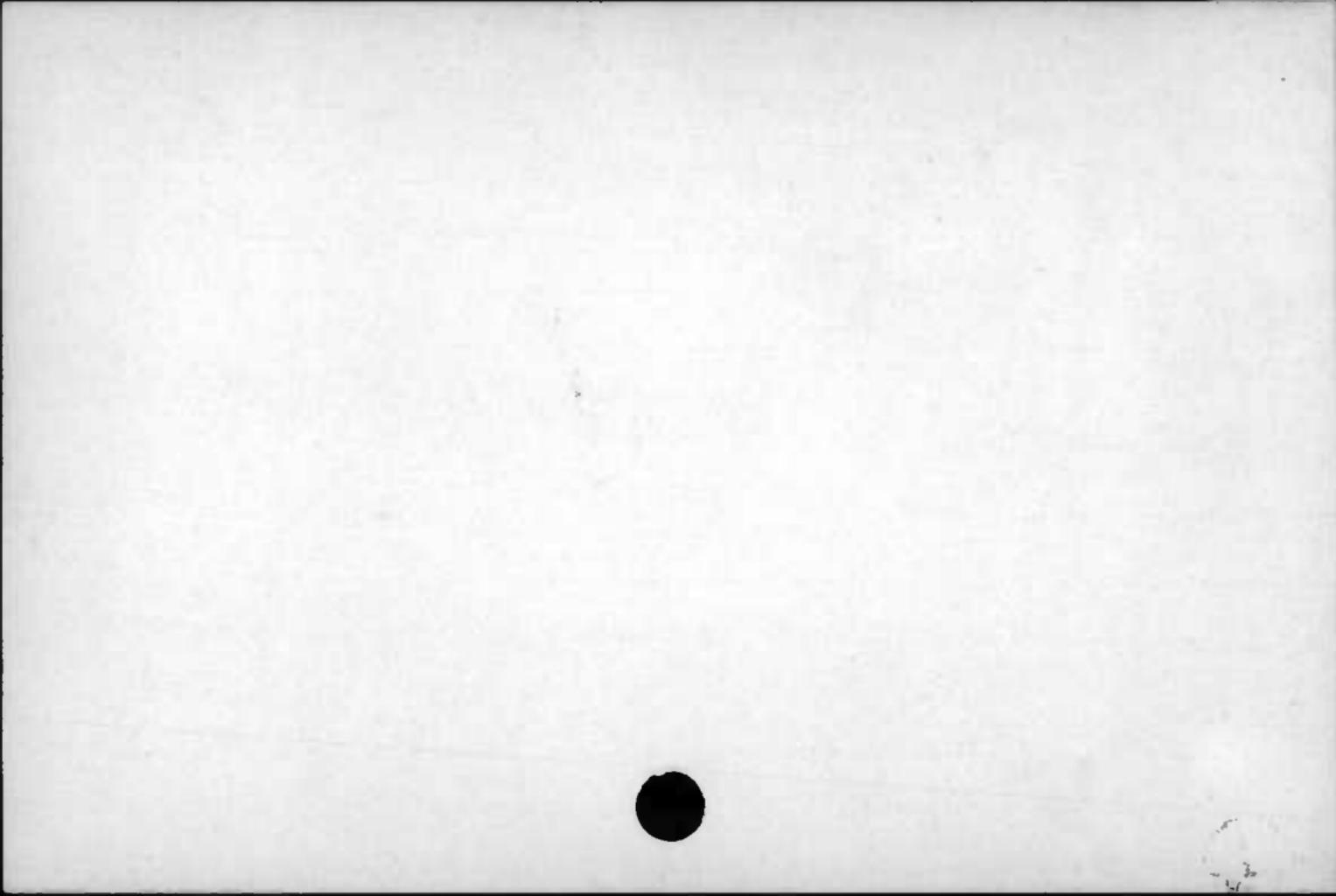
Address

Dr. J. N. Dunn  
Leakersville, Ind.



Accident or Suicide?

No.



Name  
in  
Full

John Sheaffer

CERTIFICATE OF DEATH

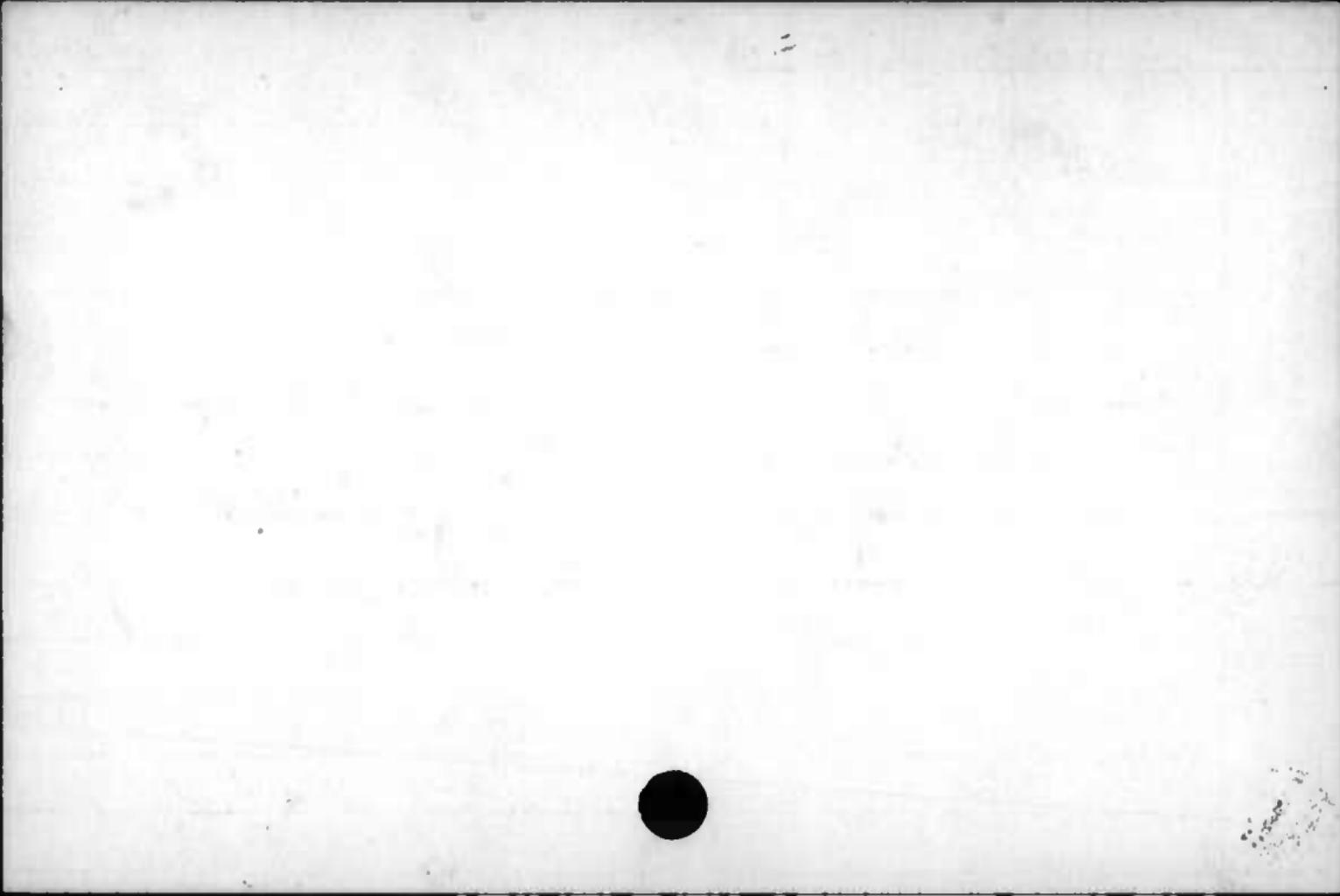
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sophia Hargus			
Father's Name	abraham Sheaffer			Father's Birthplace	Ned
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	G.J. Sheaffer (91)			How related to deceased	Son

CAUSES OF DEATH

Primary	Pneumonia	disseminated	How long	4 years
Immediate	Heart failure		How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	6 weeks	
		Address	Crossville Tenn	
Accident or Suicide?				

I



Name  
in  
Full

Alice Elizabeth Shelley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Place	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1907 Feb 3 — 3 9

Female White Manor

Occupation \_\_\_\_\_

Married, Single or Widowed — Name of Wife or Husband —

Father's Name A. G. Shelley Father's Birthplace Maryland Md

Mother's Maiden Name Blancheford Payson Mother's Birthplace Phoenix, Md

Name of person giving information H. Shelley How related to deceased Father

CAUSES OF DEATH

Primary

Hysteria

How long

2 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

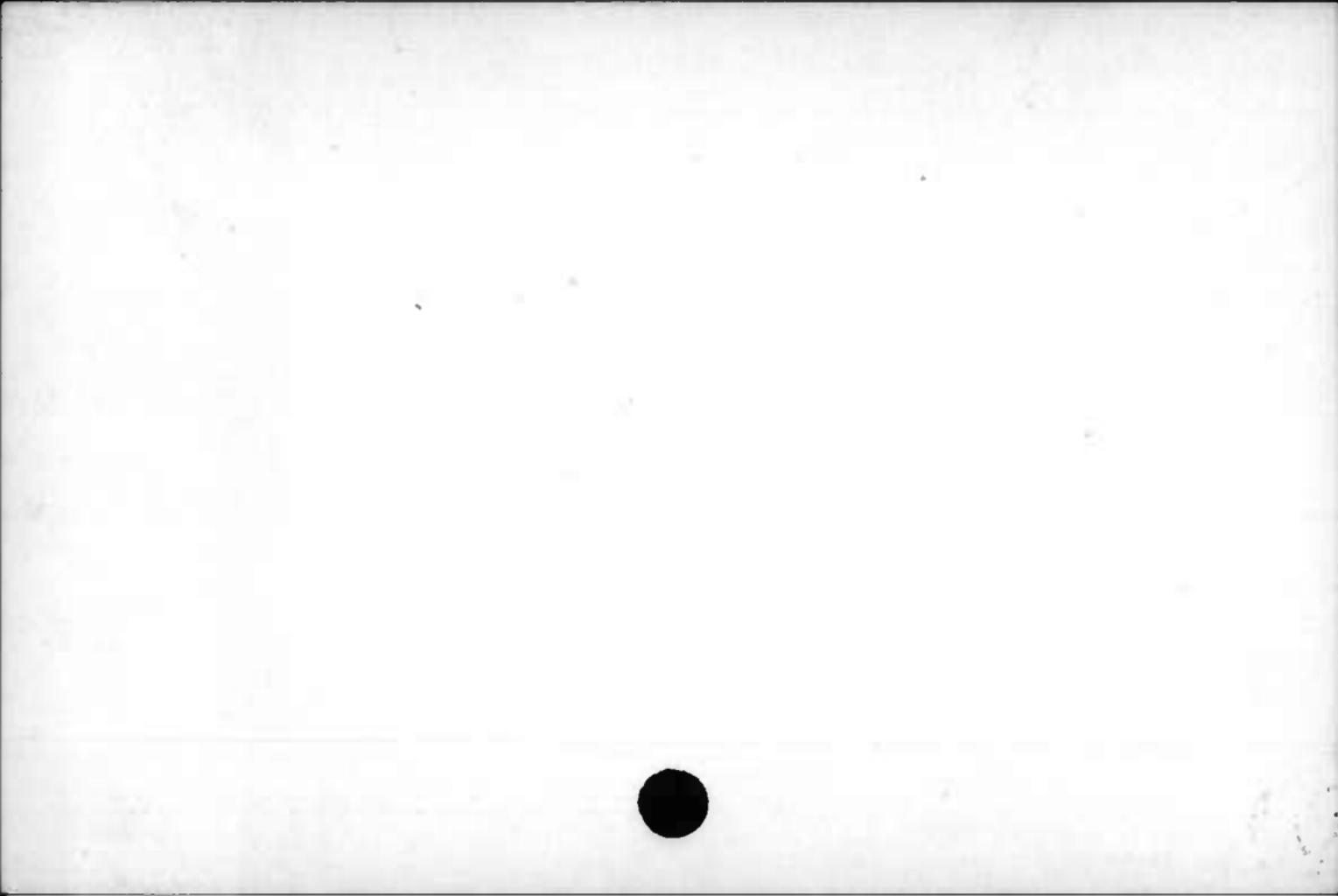
Address

SOPayne M.D.  
Coblett Md.

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

James A Sheppard

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Elizabeth Sheppard			
Father's Name	James A Sheppard			Father's Birthplace	Maryland
Mother's Maiden Name	Rachel Pearce			Mother's Birthplace	Maryland
Name of person giving Information	William D Sheppard			How related to deceased	Son

CAUSES OF DEATH

Primary

Chronic Prostateitis.

91

How long

fifteen years

Immediate

General Failure

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. R. Mitchell  
Mount St. Md.

Accident or Suicide?



Name  
in  
Full

Chas. H. Short

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at Sparrows Point	Baltimore		Months	Days	
Date of death 1907	Month Feb.	Day 4	Age 27	Years	
Sex Male	Color or Race white	Birth-place Md.			
Occupation Coke Oven worker	Where Residing if not at place of death Sparrows Point				
Married, Single or Widowed Single	Name of Wife or Husband John R. Short	Father's Birthplace Md.			
Father's Name John R. Short	Mother's Birthplace unknown				
Mother's Maiden Name Unknown	How related to deceased None				
Name of person giving Information Joe Blair					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

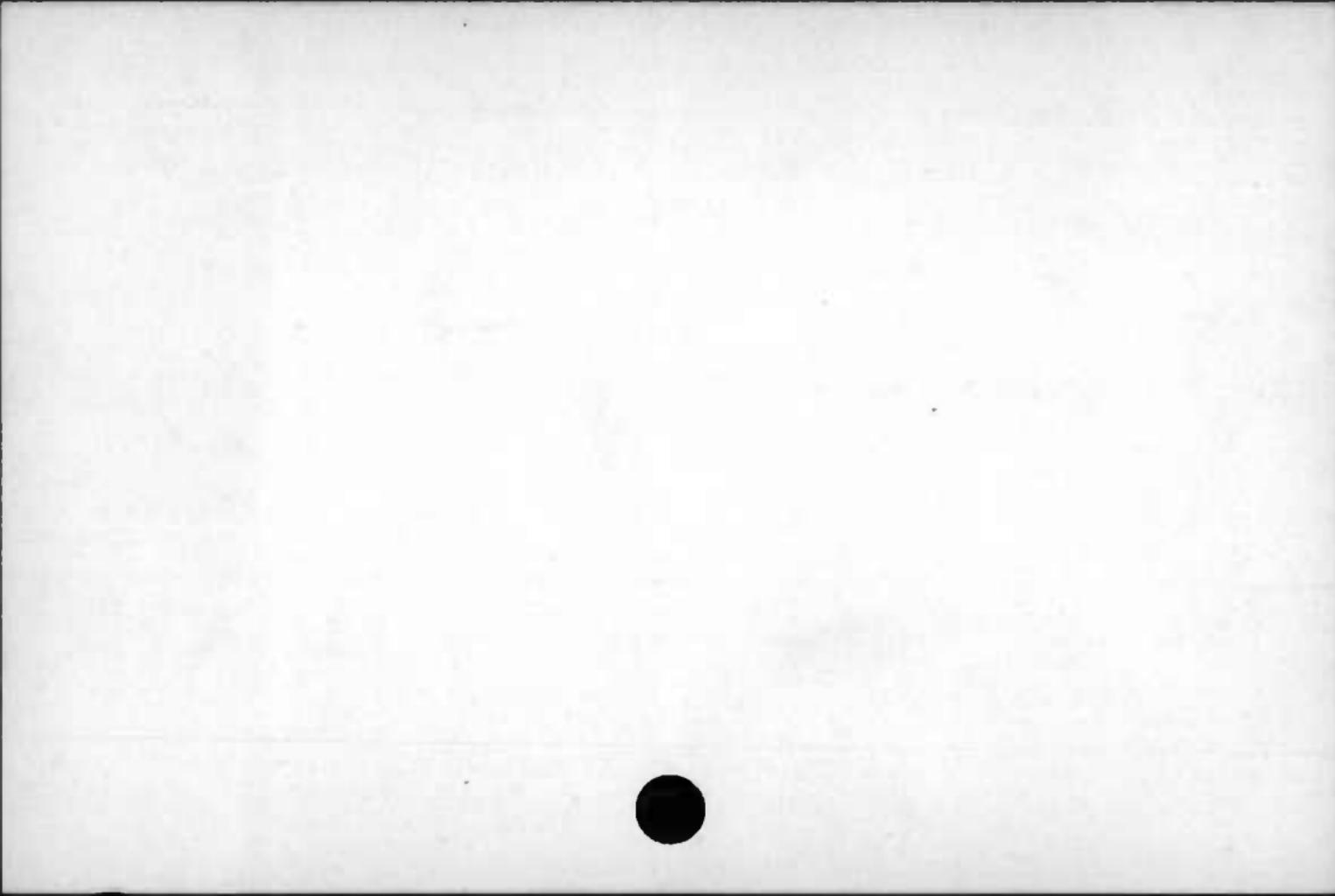
Signature of Physician

Address

Accident or Suicide?

Accident

Joe Blair J.P.  
Sparrows Point  
Md.



Name  
in  
Full

Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND				
Date of death	1907	Month 2	Day 17	Age Still	Years Birth	Months Birth	Days	
Sex	Male	Color or Race	white	Birth-place	Cawton			
Occupation	None		Where Residing if not at place of death	→				
Married, Single or Widowed	Name of Wife or Husband		→					
Father's Name	Lehas Smith		Father's Birthplace	Md				
Mother's Maiden Name	Annie Noranbrook		Mother's Birthplace	Md				
Name of person giving information	Lehas Smith		How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Birth

How long

Immediate

C.

How long

Are the name, age, sex, color, date and place correctly given above?

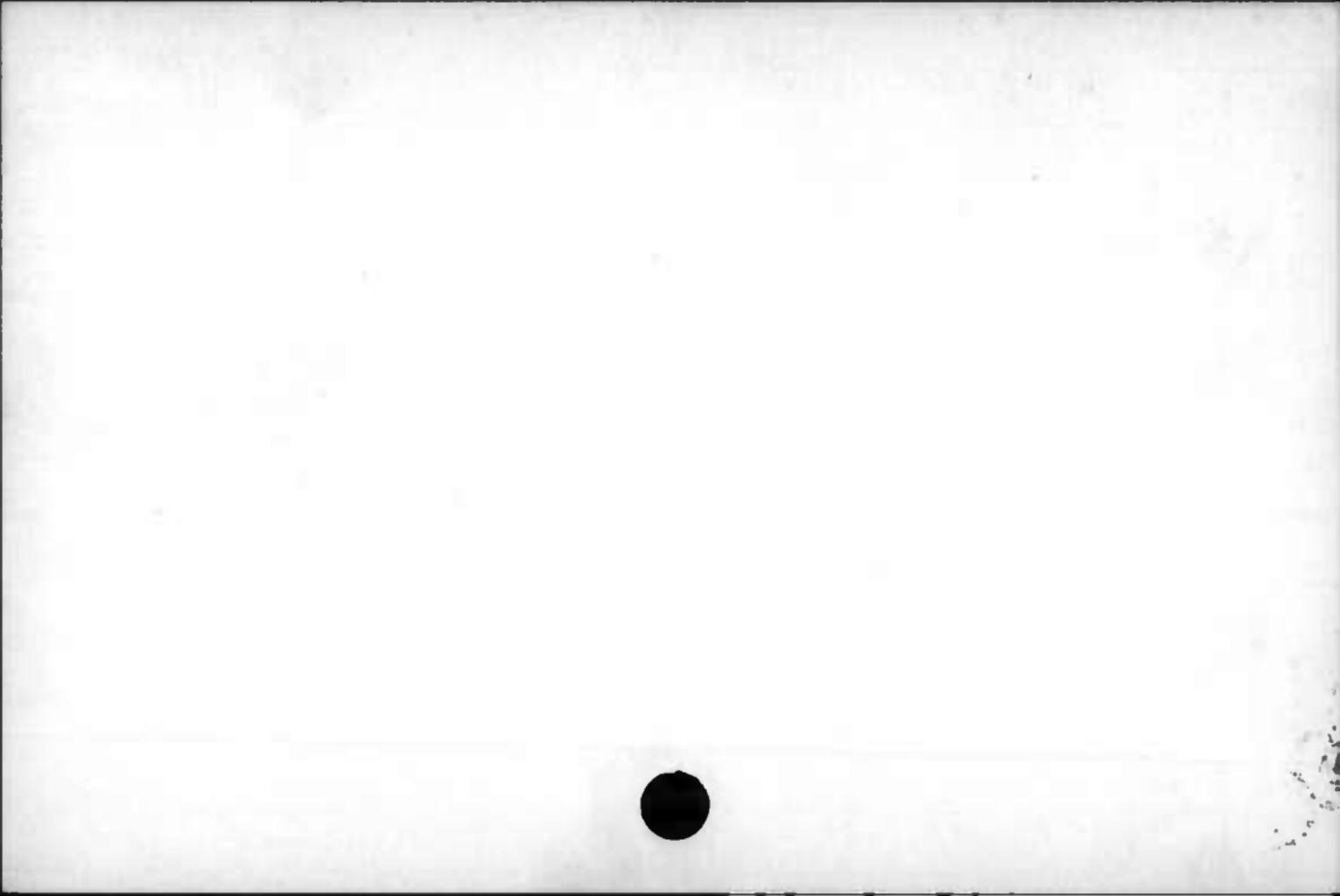
Yes

Signature of Physician

Address

O.W. Jones and  
3116 Edgewell St

Accident or Suicide?



Name  
in  
Full

Hazel Catherine Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at St Denis	Baltimore				
Date of death 1907 Feb.	Month	Day	Years	Months	Days
		9	6	5	6
Sex Female	Color or Race	White		Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Albert Sidney Smith		Father's Birthplace	Md	
Mother's Maiden Name	Maggie May Manning		Mother's Birthplace	Md	
Name of person giving information	Ms. A. S. Smith		How related to deceased	Mother	

CAUSES OF DEATH

Primary

La grippe - Acute Meningitis

How long

2 wks.

Immediate

Septic pneumonia

How long

1 day

P H CORONER

Are the name, age, sex, color, date and place correctly given above?

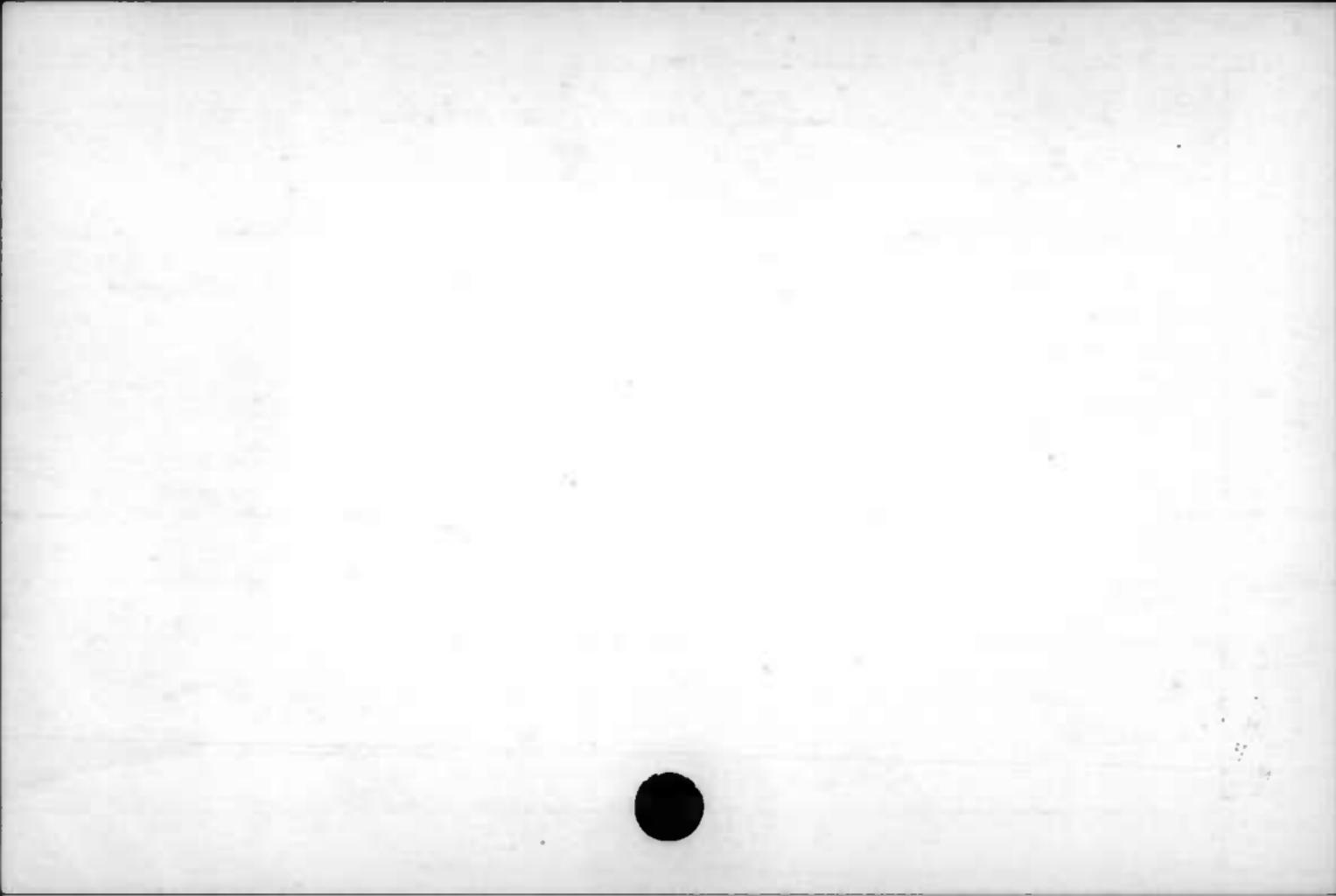
Yes

Signature of Physician

Address

Wm. R. Eareckon  
Eck Ridge, Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR PROPRIONER

Martha Snoverden

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month Feb.	Day 2	Years 35	Months -	Days -	
Sex	Female	Color or Race	(Col)	Birth-place	Md.		
Occupation	Housework			Where Residing if not at place of death	Summerfield		
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife <input checked="" type="checkbox"/> Husband						
Father's Name	(?)			Father's Birthplace	?		
Mother's Maiden Name	(?)			Mother's Birthplace	(?)		
Name of person giving information	Isaac Snoverden			How related to deceased	Son		

CAUSES OF DEATH

Primary

Griff

16

How long

4 weeks

Immediate

Senual debility

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Gaynor Snoverden  
Loversay Md

Accident or Suicide?

John Burns Son & Co  
Floor Cerreting  
Long Green.  
Balk Co

Name  
in  
Full

Louise C. Saurwe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	53	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	1004 Highland Av.			
Father's Name	John Eplex				
Mother's Maiden Name	Anthony				
Name of person giving information	Rev U.P. Fox				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia  
Exsanguination

How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.S. Warner M.D.  
1120 Highland Av

I

Accident or Suicide?

210

Interment at  
York Pa

Wm Cook  
30<sup>th</sup> Father

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Frederick Alfred Sparks

Died at		Town	County		MARYLAND		
Date of death	1907	Month Jan.	Day 20	Years 77	Months 3	Days 10	
Sex	Male	Color or Race	White	Birth-place	Hagerstown	Md	
Occupation	Scholar	Where Residing if not at place of death					
Married, Single or Widowed	Widower	Name of Wife or Husband	Sarah A. Ensor				
Father's Name	Daniel Sparks	Father's Birthplace Hagerstown					
Mother's Maiden Name	Rachel Anna Curtis	Mother's Birthplace My Lady's Manor					
Name of person giving information	Virginia Stover	How related to deceased Daughter					

## CAUSES OF DEATH

Primary	Exploding of 7.75 rifle		How long	7 months
Immediate	Paralysis. (Respiratory causes)		How long	20 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	1473 W. Madison Hagerstown Md
Accident or Suicide?				

LIBRARY BUREAU ASSESS

Interment at Park

Cemetery

Friday Feb. 22<sup>nd</sup>

M. G. Brooks

Name  
in  
Full

Osbourne Spriggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
1907 Feb	Month	Day	Years	Months	Days
10	Age	73	-	-	-
Sex	Color or Race	Birth-place	Prince George's Co., Md.		
Male	Negro	Lutherville			
Occupation	Where Residing if not at place of death				
Labored	Lutherville				
Married, Single or Widowed	Name of Wife	Mary E Liggins			
Married	Don't Know	Father's Birthplace	Don't Know		
Father's Name	Don't Know	Mother's Birthplace	Don't Know		
Mother's Maiden Name	Don't Know	How related to deceased	not related.		
Name of person giving information	Henry T. Ayres				

CAUSES OF DEATH

Primary	La Grippe - or Influenza	How long	one week
Immediate	Labar Pneumonia. Bilateral	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. Gibbons Smart M.D.
yes		Address	Lutherville Md.

PHYSICIAN  
OR CORONER



SEARCHED

Alex Hensley  
578 W. Biddle St.  
Indiantown  
Bear Hill,

Name  
in  
Full

William B. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 5	Age 31	Years	Months 11	Days 21
Sex	Male	Color or Race	White	Birth-place	Baltimore city		
Occupation	Saloon-keeper		Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of Wife or Husband	Margareth Stewart	Father's Name	Scotland		
Father's Name	William B. Stewart		Unknown	Mother's Maiden Name	—		
Mother's Maiden Name	Unknown		Margareth Stewart	Name of person giving information	How related to deceased		
wife							

CAUSES OF DEATH

Primary

Sa - grippe

(10)

How long

2 weeks

Immediate

Cardiac

failure

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. A. Glantz  
41 Eastern Ave. St.

Accident or Suicide?

A. Matthews Esq.  
J. Sternig & Son  
2/7/07

Name  
in  
Full

Phoebe Morris Szwartz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Gorans' Inn	Baltimore			Months	Days
Date of death 190	7	Month 2	Day 15	Age 80	1	2
Sex	Female	Color or Race	White	Birth-place	Md	
Married, Single or Widower	Single	Occupation	Stone			
Name of Wife or Husband	John H. Szwartz					
Father's Name	Norman Thomas	Father's Birthplace	Ma			
Mother's Maiden Name	Elizabeth Isom	Mother's Birthplace	Va			
Name of person giving information	Ella J. Thompson	How related to deceased	Lancaster			

CAUSES OF DEATH

Primary

General apoplexy

How long

17 months

Immediate

Paralysis of circulation

How long

"

PHYSICIAN  
OR CORONER



Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Scarff M.D.

Address

Willow & Ready Av.

Gorans' Inn

Accident or Suicide?

Neither

Wm. Foy  
Inventor of Safety  
Car.

Name  
in  
Full

Joseph. Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND
Date of death	Month	Day	Years	Months Days
1907	Feby	18	Age 56	
Sex	Male	Color or Race	Colored	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Anna. Sampson	
Father's Name	Joseph Taylor.			
Mother's Maiden Name	Mrs. Jos. Taylor			
Name of person giving information	A. E. Mitchell			

CAUSES OF DEATH

Primary Heart Trouble (D) How long immediately  
Immediate Heart Disease How long "

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

P. A. Duggan  
203 Toome St.  
Coroner

Accident or Suicide?

1

Chas G Bailey  
1421 Jefferson St  
undertaker

Name  
in  
Full

Mrs. Silas Townsend.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Feb.	Day 7	Years 78	Months 5	Days 7
Sex Male	Color or Race White	Birth-place Montgomery Co.			
Occupation foreman	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Harriet - S. A. Townsend	Father's Birthplace	do not know		
Father's Name	do not know				
Mother's Maiden Name	do not know				
Name of person giving Information Ida Barnes	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemiplegia

64

How long

3 days

Immediate

Cardiac Arrest

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician



Accident or Suicide?



Address

A. C. Sninkins  
Woodlawn Sta.  
Md.

Ridge Ann  
Jas B. Cook.

Name  
in  
Full

Mrs. April Tyree

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Sparrow's pr.		Town		County		MARYLAND		
Date of death 1907	Month Feb.	Day 25	Years 19		Months -	Days -		
Sex male	Color or Race Cal.			Birth-place Va.				
Occupation Laborer			Where Residing if not at place of death Sparrow's pr.					
Married, Single or Widowed Single	Name of Wife or Husband -							
Father's Name Jackie	Tyree				Father's Birthplace Va.			
Mother's Maiden Name -					Mother's Birthplace Va.			
Name of person giving information Joe Adams					How related to deceased none			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	(X)	How long 7 days
Immediate	Exhaustion		How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

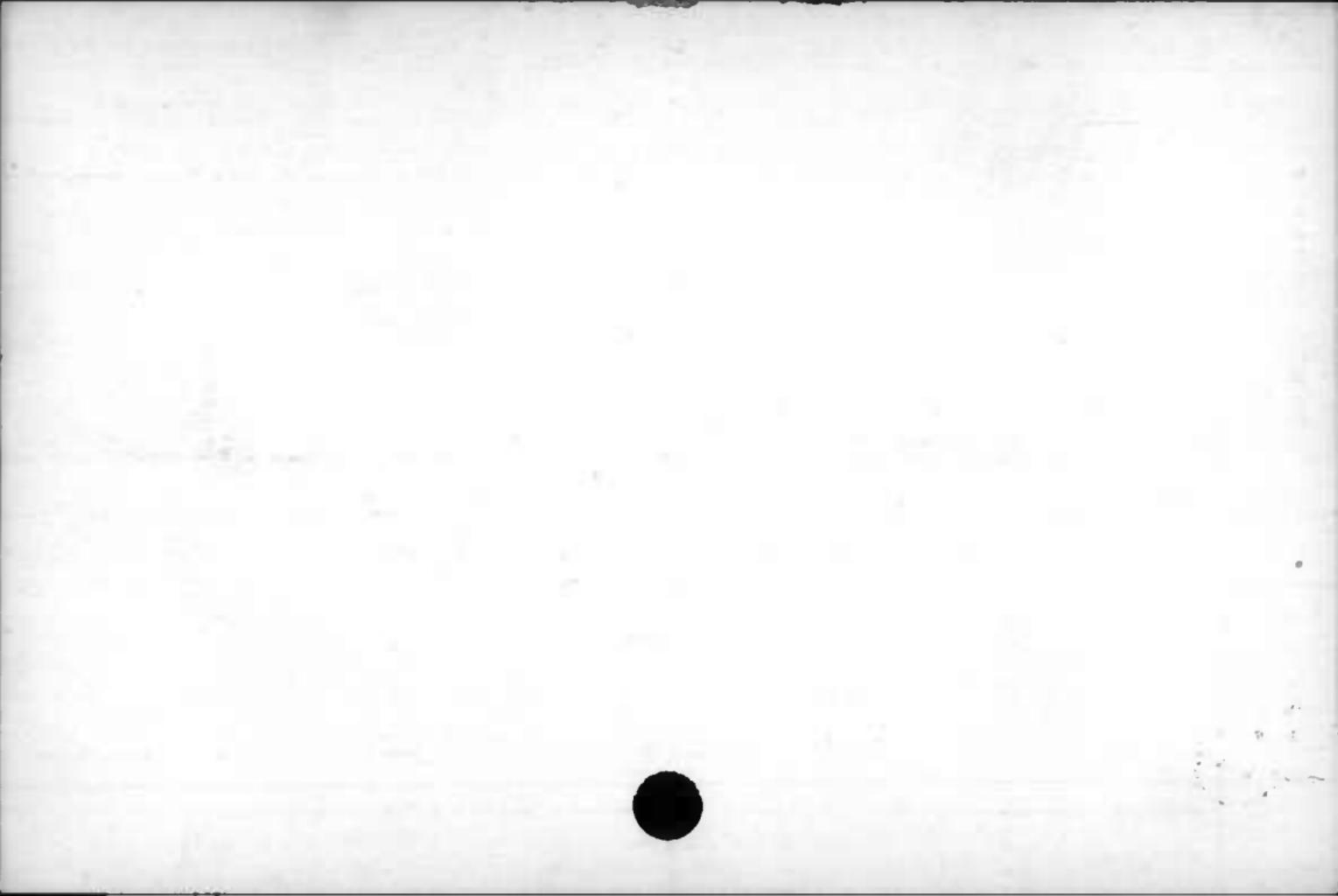
Signature of Physician

Address

H K Pellekine M.D.  
Sparrow's pr.  
Ind.



Accident or Suicide?



Name  
in  
Full

Joseph G. C. Tyrrell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1907	Month Febry.	Day 10.	Age 22	Months 3	Days 10	
Sex Male.	Color or Race white	Birth-place Maryland				
Occupation Laborer.	Where Residing if not at place of death Toole Mar 16 <sup>th</sup> st.					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Chas. Tyrrell	Father's Birthplace Maryland					
Mother's Maiden Name Mary Tyrrell	Mother's Birthplace					
Name of person giving information Chas. Tyrrell	How related to deceased Father					

CAUSES OF DEATH

Primary

Lagrippe

How long

5 weeks.

Immediate

Heart. Decease

How long

1 hour 25 min

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. J. Dunnigan

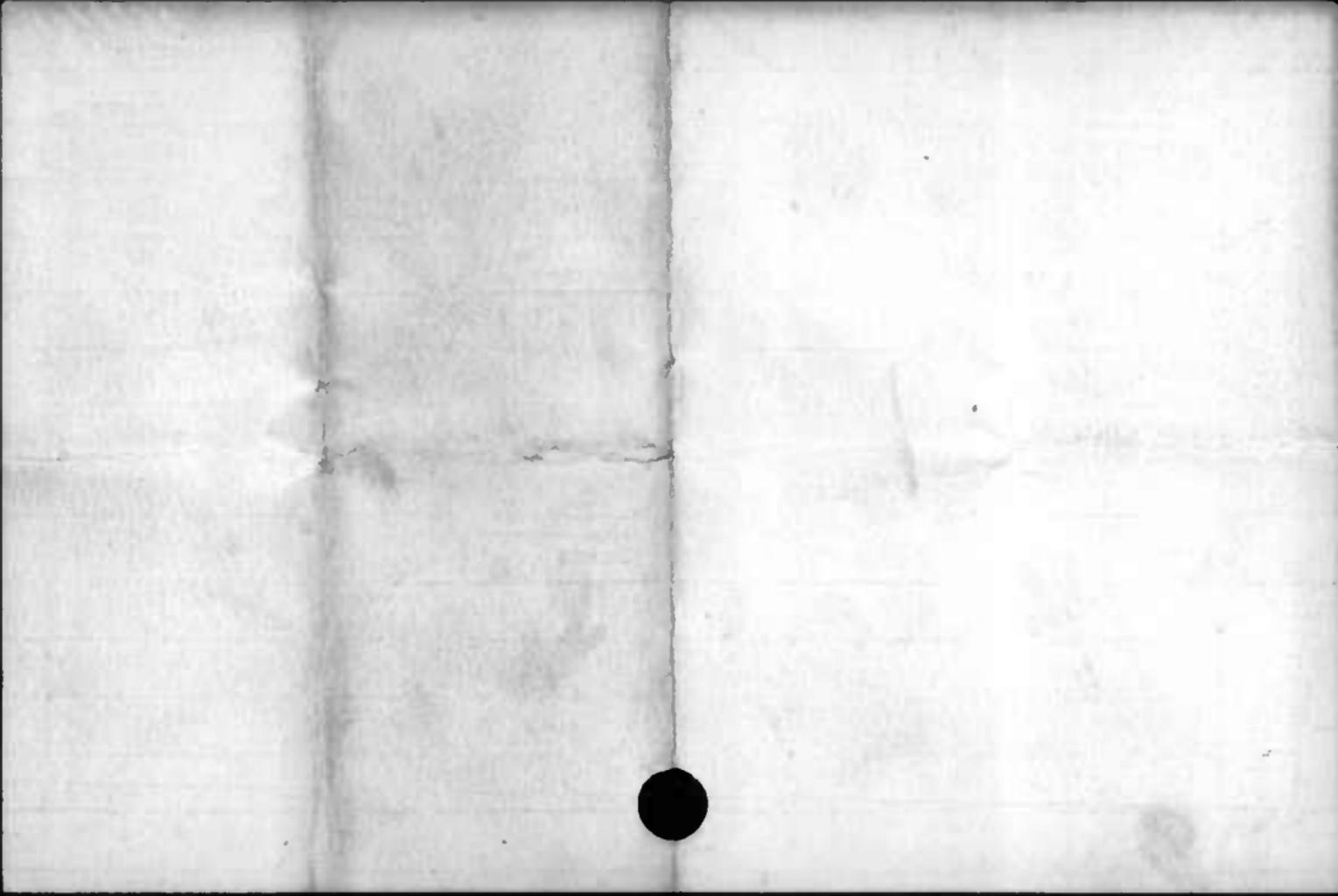
203 Toole st.

Accident or Suicide?

Natural

Coroner.





Name  
in  
Full

Darfield, Alethea,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Date of death 1907	Month Feb	Day 28	Age 70	Years	Months Days
Sex Female	Color or Race white	Birth-place Ind.			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace Maryland			
Father's Name Dennis Darfield	Mother's Birthplace				
Mother's Maiden Name Elizabeth B. Elwell					
Name of person giving information Rudolph Darfield	How related to deceased				

CAUSES OF DEATH

Primary

Insanity

How long

Life

Immediate

Acute Intestinal Infusion

How long

6 mos.

Are the name, age, sex, color, date and place correctly given above?

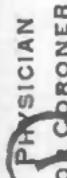
Yes.

Signature of Physician

Address

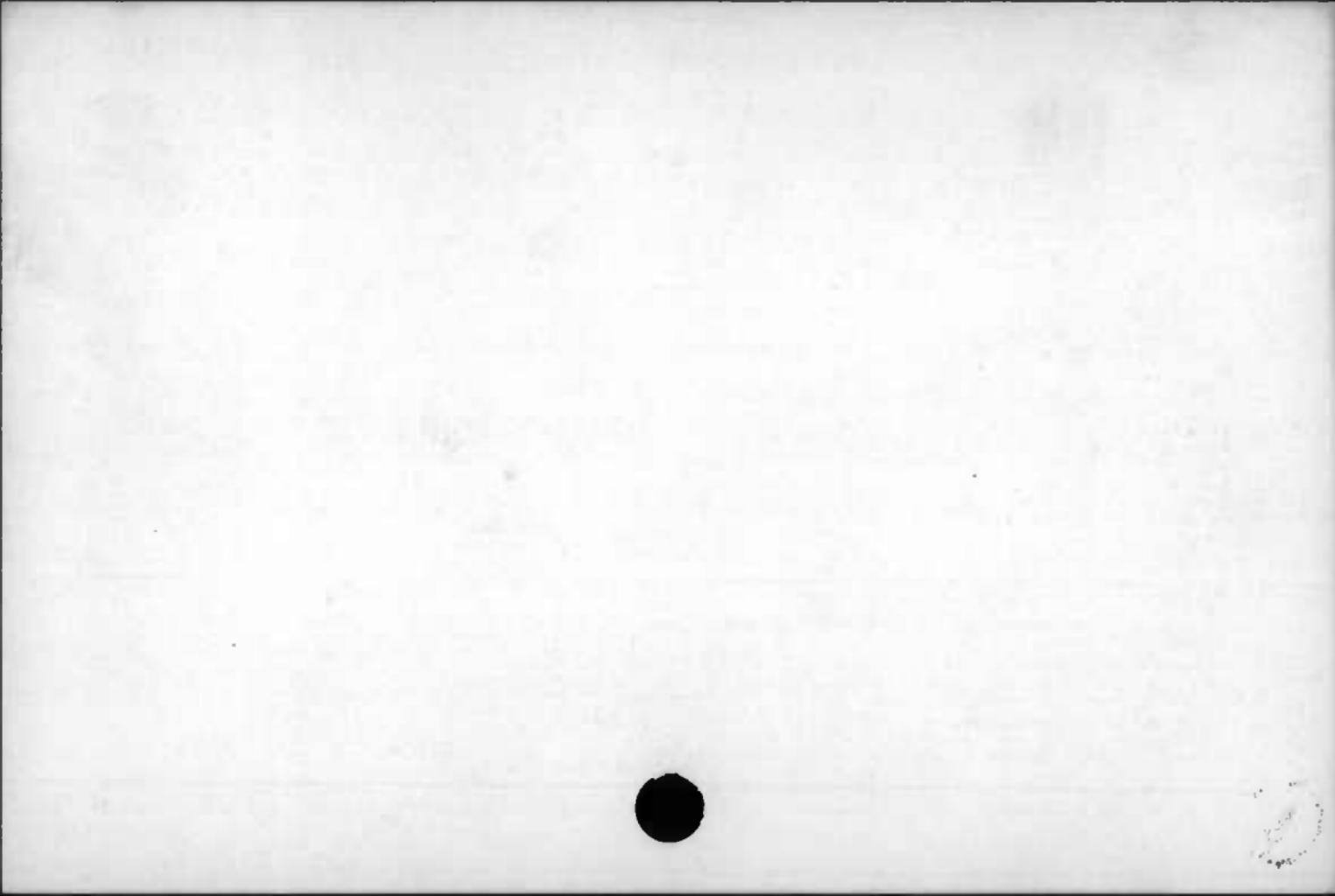
Rufus nude.

Le尔斯维尔, Ind



Accident or Suicide?

No.



Name  
in  
Full

Jacob G. Weitzel

CERTIFICATE OF DEATH					
MARYLAND					
Died at	Highlandtown		Count	Baltimore	
Date of death	190	Month	Day	Years	Months
Sex	Male	Color or Race	white	Birth-place	Baltimore
Occupation	Unknown				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Weitzel	Where Residing if not at place of death	
Father's Name	Jacob Weitzel				
Mother's Maiden Name	Unknown				
Name of person giving information	Mary Weitzel				
Father's Birthplace	Germany				
Mother's Birthplace	Unknown				
How related to deceased	Wife				

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER



CAUSES OF DEATH

Primary

Bronch - Pneumonia -

How long

month

Immediate

Cardiac failure

How long

week -

Are the name, age, sex, color, date and place correctly given above?

x

Signature of Physician

Address

Dr. K. Weitzel

1713 Park St

Accident or Suicide?

Mr. George L. C.  
Sanderson

Name  
in  
Full

Charles Franklin Wheeler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at Cockeysville	Baltimore				
Date of death 1907	Month Feb	Day 1st	Years 54	Months 3	Days
Sex Male	Color or Race white	Birth-place			
Occupation Farmer & Gardner	Where Residing if not at place of death				
Married, Single or Widowed	Name of wife <del>Husband</del>	Mary Elizabeth Hendrick			
Father's Name	Potimus Wheeler		Father's Birthplace	Western Run	
Mother's Maiden Name	Elizabeth Bond		Mother's Birthplace	Baltimore MD	
Name of person giving information	Mary Elizabeth Wheeler		How related deceased	Wife	

## CAUSES OF DEATH

Primary Laryngal & Pulmonary Tuberculosis (1) How long 12 months

Immediate Laryngal & Meningal Tuberculosis (2) How long 6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. D. B. Benson

Address

Cockeysville MD

Accident or Suicide?



Interment at Bowley  
Cemetery Sunday 3<sup>rd</sup>

W. C. Brooks

Name  
in  
Full

Benjamin Whitley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER  
**I**

Died near Catonsville Town Baltimore County

MARYLAND

Date of death 1907	Month February	Day 23	Years Age 91	Months 3	Days 5
Sex Male	Color or Race White	Birth-place Whitelysburg, Caroline Co., Md.			

Married, Single  
or Widowed

Occupation

(None) retired Merchant

Name of Wife or  
Husband

Elizabeth Stone.

Father's  
Name

Dr William Whitley

Father's  
Birthplace

Whitelysburg

Mother's  
Maiden Name

Elizabeth Baynard

Mother's  
Birthplace

Name of person giving  
Information

J. Whitley

How related  
to deceased

Nephew

CAUSES OF DEATH

Primary

Pneumonia

How long

8 days

Immediate

Exhaustion

How long

1 hour.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Whitley

Catonsville

Accident or Suicide?

E. M. Mitchell  
London Park.

Name  
in  
Full

Emma E Williams

CERTIFICATE OF DEATH

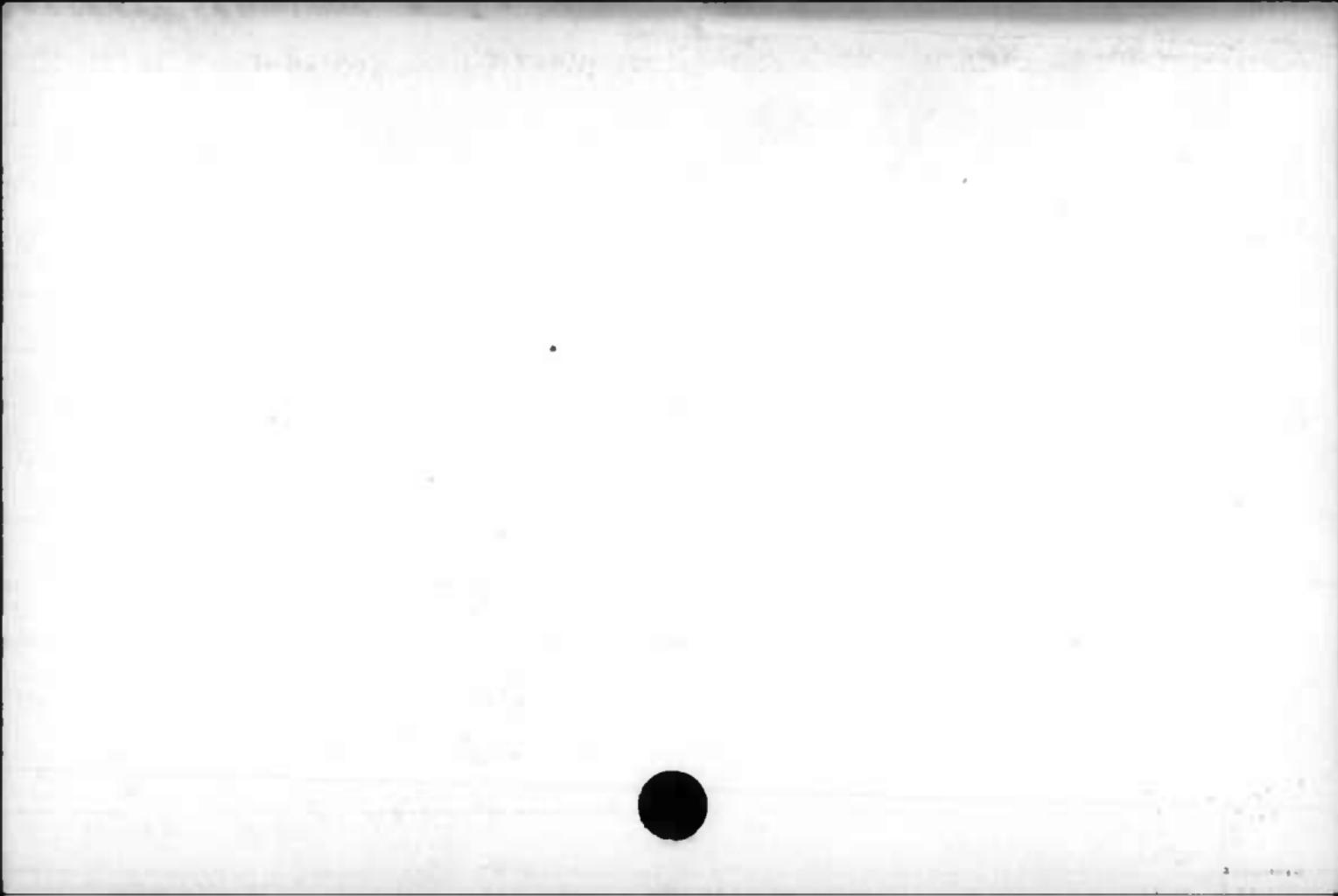
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Dey's
1907	Feb	6	60	
Sex	Female	Color or Race	Cold	Birth-place
Occupation	Housework	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Charles Williams		
Father's Name	Lustis	Father's Birthplace	Va	
Mother's Maiden Name	Nancy Andrews	Mother's Birthplace	Va	
Name of person giving information	Charlotte R Farrell	How related to deceased		

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		64	How long
Immediate	"	" Recurrent		6 mos few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. M. M. Wallfeldt Address Salisbury Md		
Accident or Suicide?				

1



Name  
in  
Full

Margaret Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Grays.</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907 Feb.</u>	Month	Day <u>21</u>	Years	Months <u>6</u>	Days	
Sex <u>Female</u>	Color or Race <u>colored</u>	Where Residing if not at place of death <u>Grays</u>		Birth-place <u>Maryland</u>		
Occupation <u>house</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>					
Father's Name <u>Frank. Williams</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Grace Green</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Frank Williams</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary

Pneumonia

93

How long

2 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

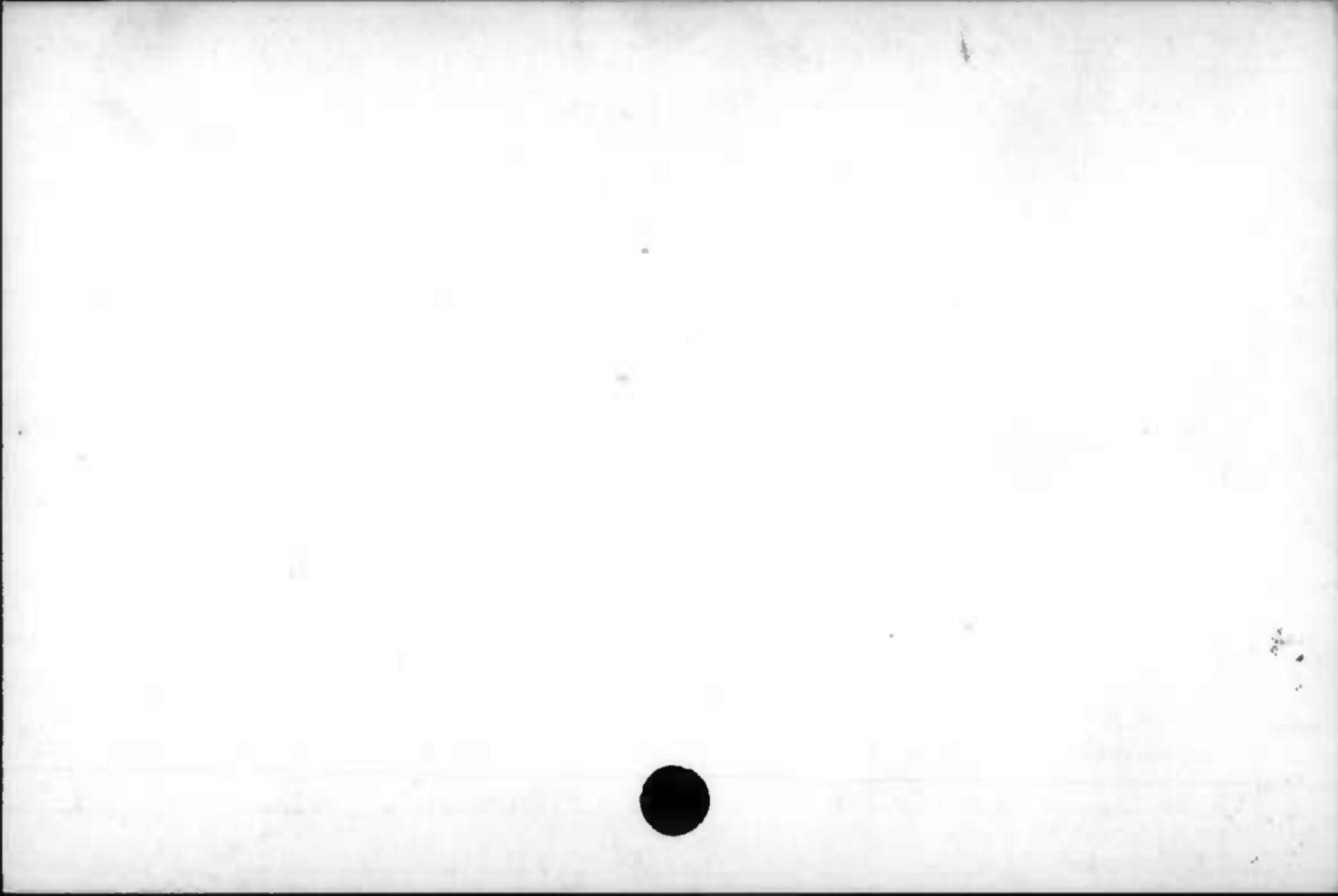
Signature of Physician

Address

D L Wallfeldt  
Health Office  
Calvertville Md

I  
or CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Beatrice Wilson

CERTIFICATE OF DEATH

Died at Sparrows Pt.		County Baltimore		MARYLAND	
Date of death 1907	Month Feb	Day 29	Age 7	Months 1	Days 15
Sex Female	Color or Race Col	Birth-place Sparrows pt.			
Occupation none	Where Residing if not at place of death Sparrows pt.				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Luther Wilson	Father's Birthplace Va.				
Mother's Maiden Name Virginia Davenport	Mother's Birthplace Va				
Name of person giving information Luther Wilson	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

⑨

36 hours

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. K. Peltzman M.D.

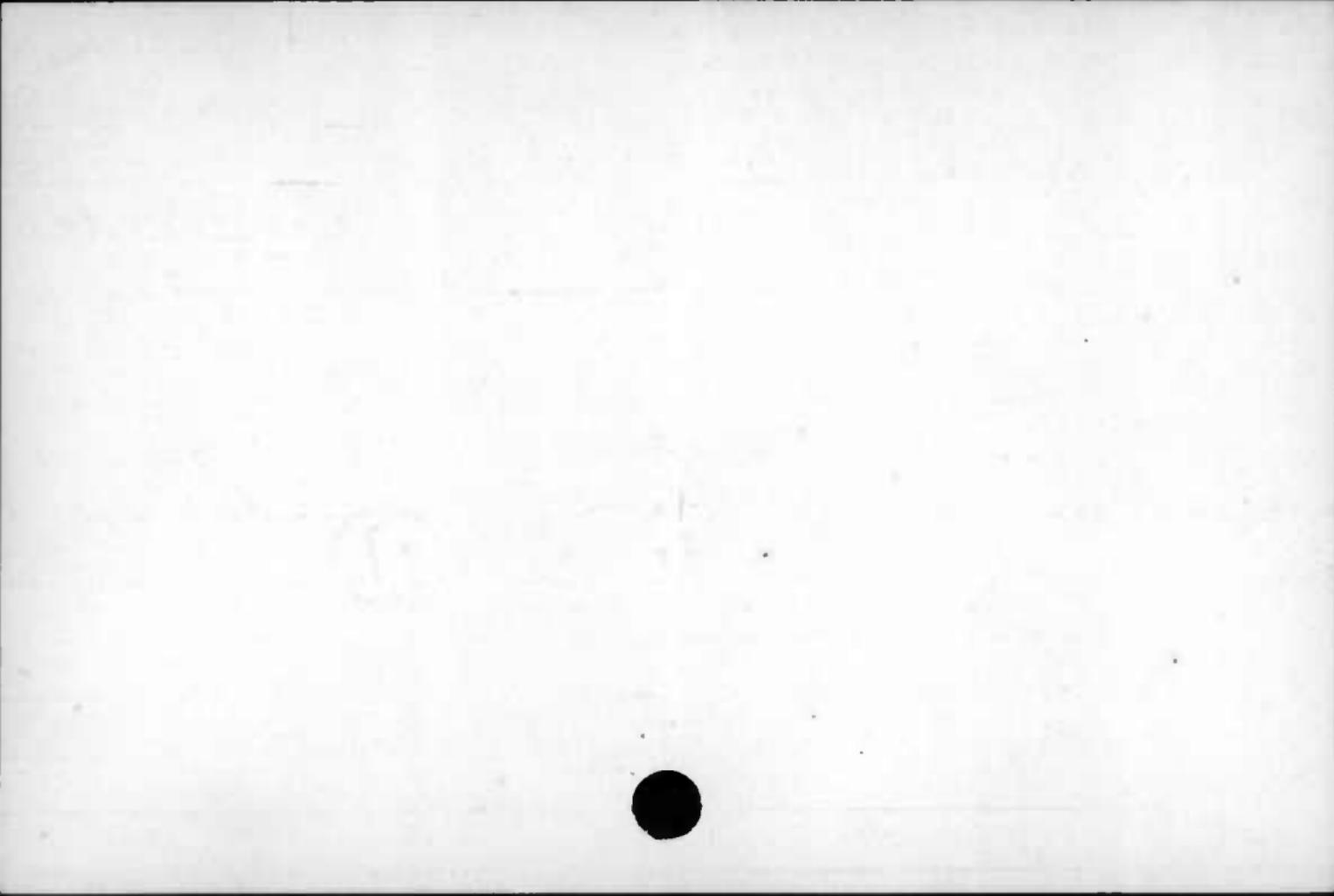
Address

Sparrows Pt.  
Md.



Accident or Suicide?

No.



Name  
in  
Full

Spisley Wiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Died at		Town	County	MARYLAND	
Date of death 1907	Month Feb.	Day 20 <sup>th</sup>	Years	Months	Days
Sex Male	Color or Race	Age	Occupation	Birth-place	
Married, Single or Widowed	married	/			
Name of Wife or Husband	/				
Father's Name	/				
Mother's Maiden Name	/				
Name of person giving information	/				

CAUSES OF DEATH

(56)

Primary

Acute Alcoholism

How long

4 days

Immediate

Apoxy

How long

203 hours

Are the name, age, sex, color, date and place correctly given above?

yes

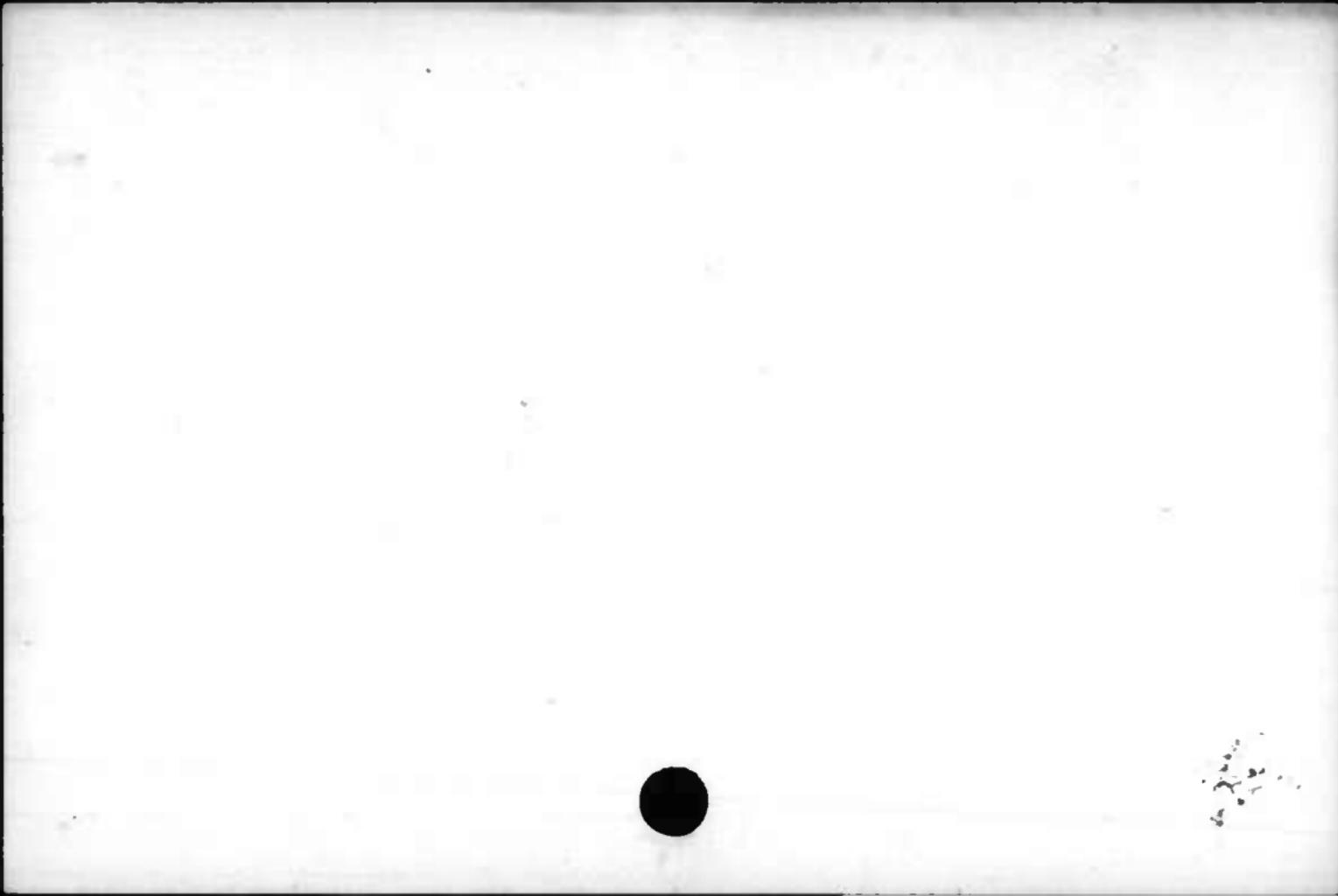
Signature of Physician

Address

G. L. McDonald, M.D.  
Sparrows Point  
Md.

Accident or Suicide?

No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sofoccau Wolfgang

Town  
FiresideCounty  
Baltimore

MARYLAND

Died at

Date  
of death

1904

Month  
FebDay  
28Years  
87

Months

Days  
15

Age

Sex  
MaleColor or  
Race  
WhiteBirth-  
place

As German

Birth-  
place

Manchester Md

Occupation

Farmer

Where Residing if not  
at place of death

Fireside

Married, Single  
or WidowedName of Wife or  
Husband

Margaretha

Father's  
Name

George Wolfgang

Father's  
Birthplace

Manchester

Mother's  
Maiden Name

Pollic Zepke

Mother's  
Birthplace

South Korea

Name of person giving  
Information

Daughter

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Pneumonia

93

How long

6 days

Immediate

Measles

How long

Are the name, age, sex, color, date  
and place correctly given above?

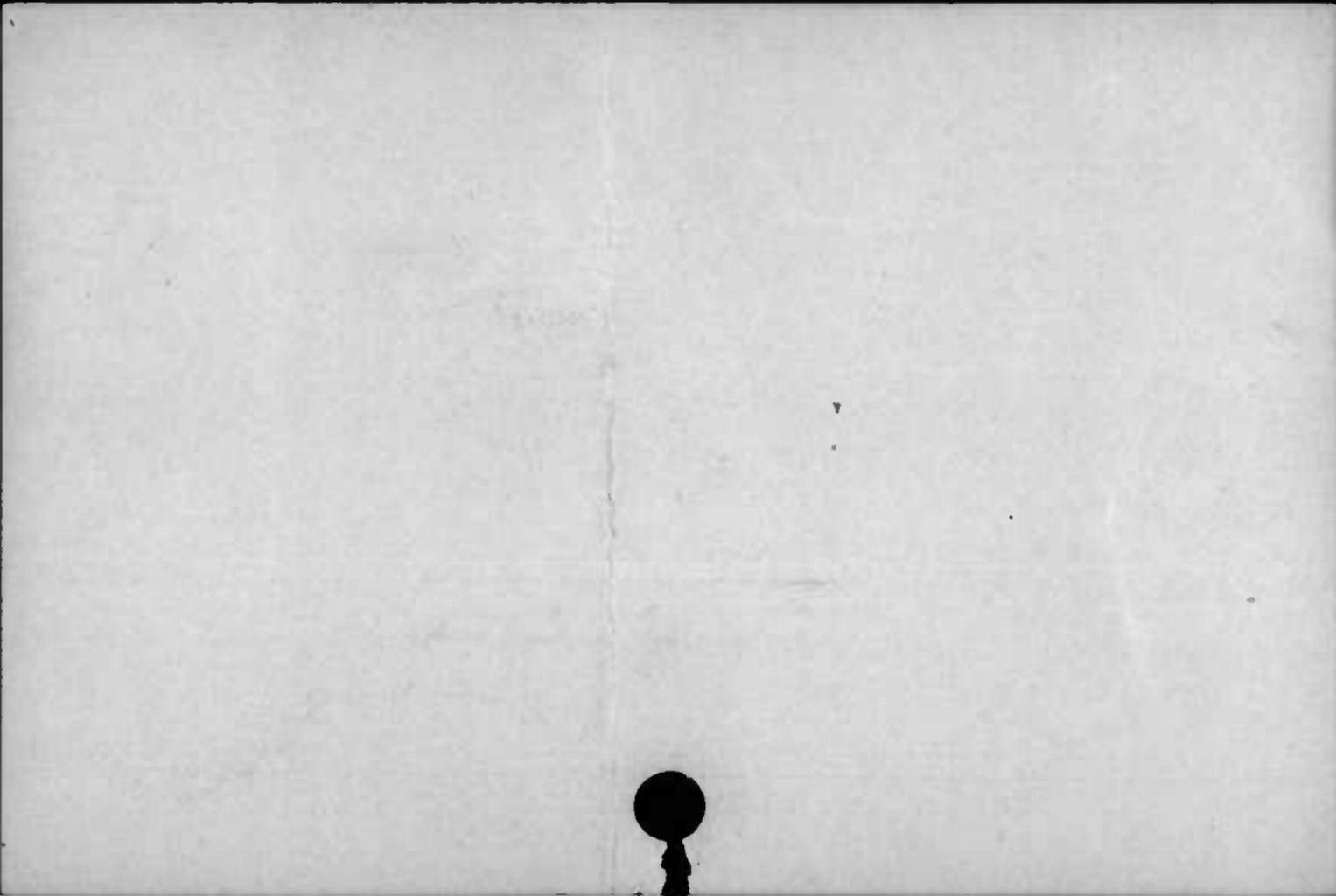
Yes

Signature of  
Physician

Address

Just Fireman No 10  
ManchesterPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Leonard J. Wolter

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	
Died at <u>Mt. Hope Retreat</u>	<u>Baltimore</u>	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>18</u>
Age <u>22</u>	Years	Months
Sex <u>male</u>	Color or Race <u>White</u>	Days
Occupation <u>Bartender -</u>	Where Residing if not at place of death <u>Worlburg Md.</u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	
Father's Name <u>Lewis Wolter</u>	Father's Birthplace <u>unknown</u>	
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>"</u>	
Name of person giving Information <u>Race Mt. Hope Retreat</u>	How related to deceased <u>not at all</u>	

CAUSES OF DEATH

Primary Mania (Toxic) acute 8 how long  
3-6 wks.  
Immediate Exhaustion - long

Are the name, age, sex, color, date and place correctly given above?

yes

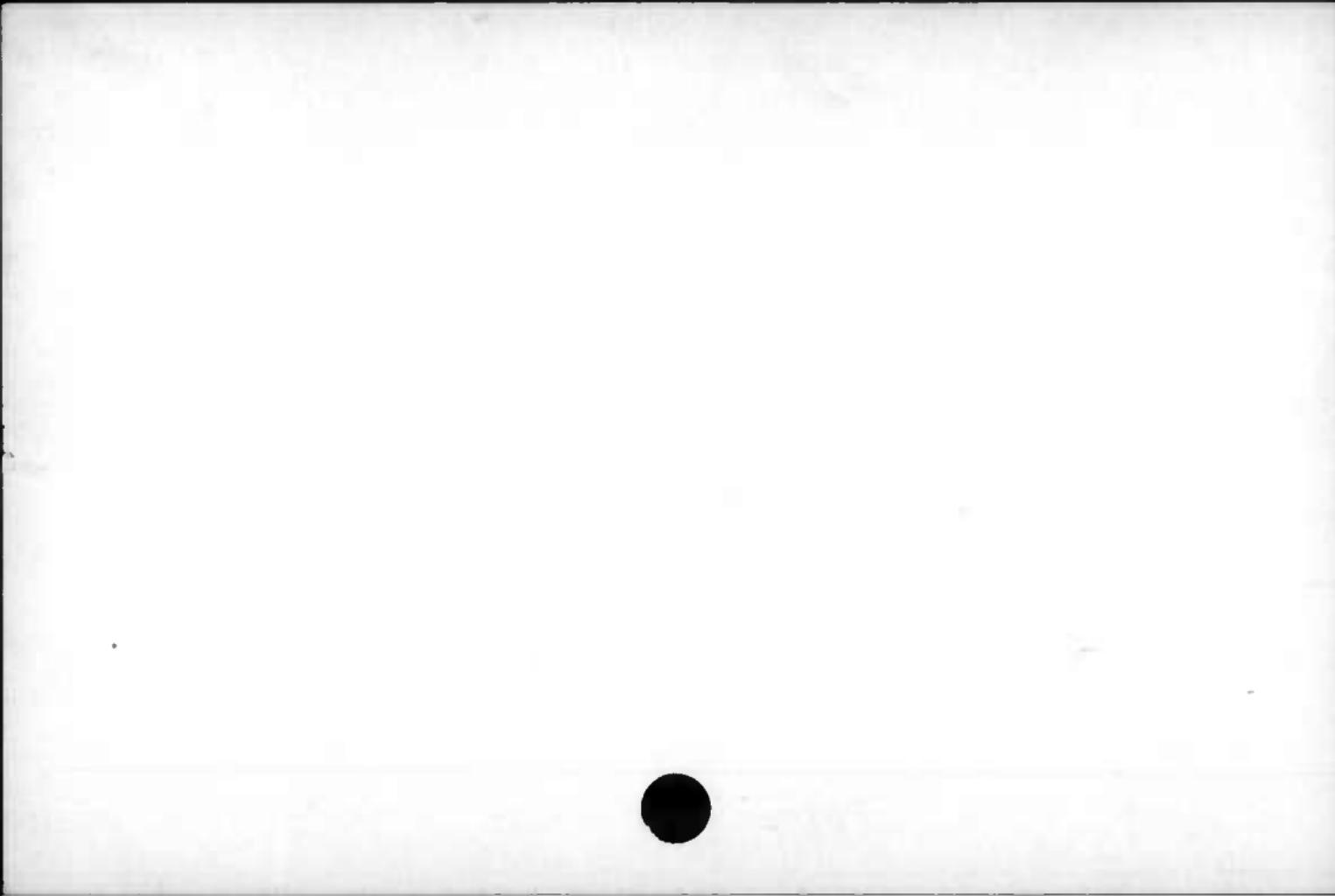
Signature of Physician

Frank J. Flannery M.D.

Address  
Mt. Hope Retreat  
Balto. Co. Md.

Accident or Suicide?





Name  
in  
Full

John Jacob Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	P. O.	County	MARYLAND	
Date of death	1907	Month Feby.	Day 7	Years	Months 2	Days 26
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.	
Occupation	—			Where Residing if not at place of death	—	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	Robert C. Young			Father's Birthplace	Baltimore Co.	
Mother's Maiden Name	Esther A. Sheoren			Mother's Birthplace	Baltimore Co.	
Name of person giving Information	Robert C. Young			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Found dead in bed. Had How long

Immediate Grip o. reported. No Physician in attendance How long

Are the name, age, sex, color, date and place correctly given above?

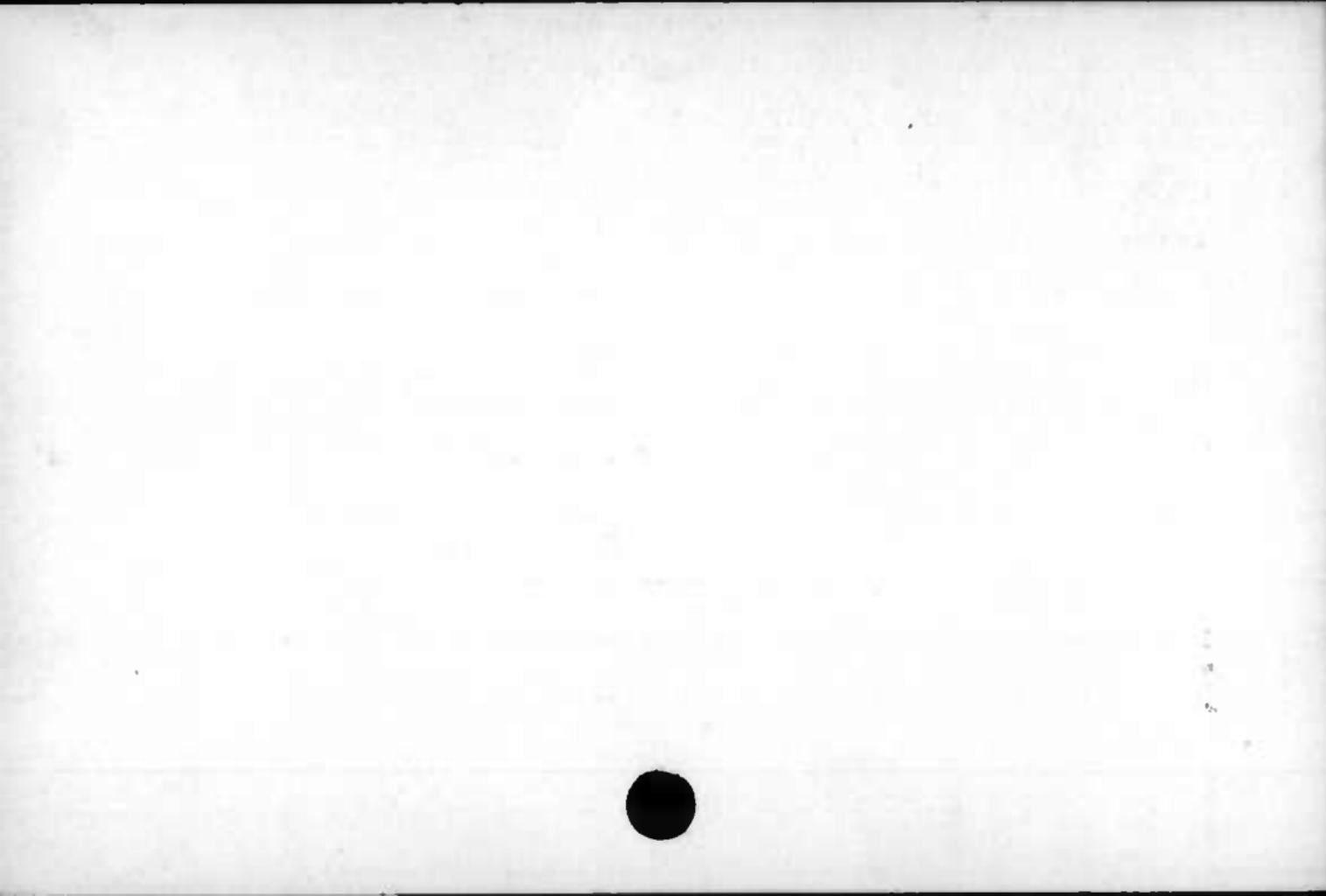
Yes

Signature of Physician

Address

Joseph S. Baldwin  
Freeland Bed Co.

Accident or Suicide?



Name  
in  
Full

# Martinus A. Binkhard

Town Rosedale County Baltimore  
CERTIFICATE OF DEATH  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Rosedale	Month	2	Day	3	Years	41	Months	7	Days	
Date of death	1907	Age		Birth-place	Balto Co.						
Sex	Male	Color or Race	white	Occupation	Laborer	Where Residing if not at place of death	—				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	mary Binkhard	Father's Name	Nicholas Binkhard	Father's Birthplace	Germany	Mother's Maiden Name	Mary A. Hart	Mother's Birthplace	Germany
Name of person giving information	Nicholas Binkhard					How related to deceased	Bro				

CAUSES OF DEATH

(27)  
How long

Primary

Ghthuzis Pulmonalis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Wagner  
1120 Highland

PHYSICIAN  
OR ORDERER

Accident or Suicide?

270

Christian Miller  
2334 Jefferson  
Sacred Heart Cemetery

Name  
in  
Full

Unknown Female Child

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Caution Md</b>		Town	<b>Baltimore</b>		County	MARYLAND	
Date of death <b>1907</b>	Month <b>Feby</b>	Day <b>- 22</b>	Age about <b>about 16</b>	Years	Months	( <b>3</b> )	Days
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Unknown</b>					
Occupation			Where Residing if not at place of death <b>Unknown</b>				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Dr. Laugh</b>		How related to deceased <b>son</b>					

CAUSES OF DEATH

Primary

**Unknown** 16

How long

Immediate

**Unknown**

How long

PROBATORIAL  
LAW

I

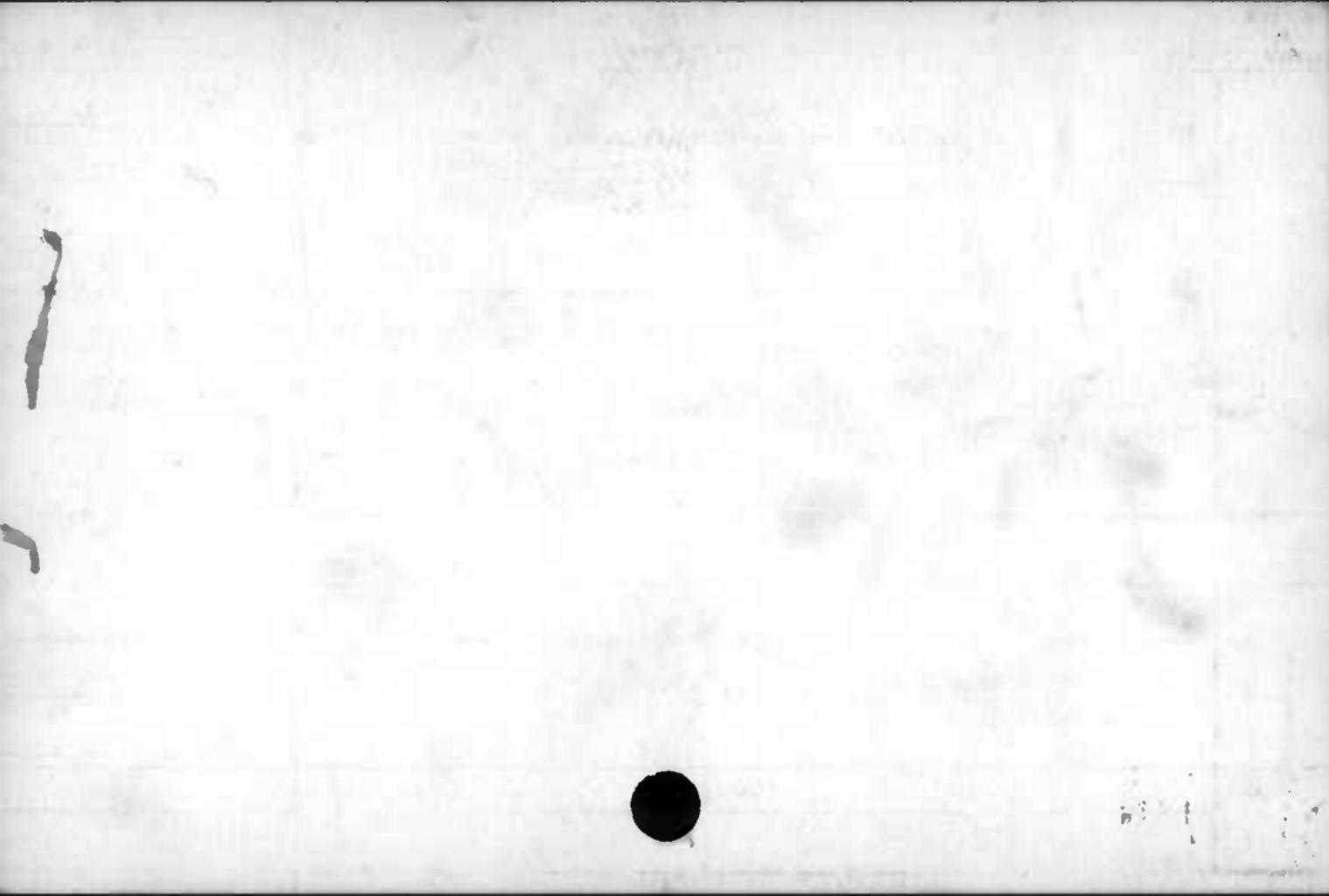
Are the name, age, sex, color, date and place correctly given above?

**Yes.**  
came to her death by:  
Cause & Party will be  
unknown to the jury.  
Accident or Suicide?

Signature of Physician

Address

**Dr. Dunnigan**  
**Borone et**  
**203 Jones St.**



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Unknown					CERTIFICATE OF DEATH		
Died at	Town			County			
Died at	Baltimore			Baltimore	MARYLAND		
Date of death	1907	Month	Feby	Day	17	Years	Unknown
Age	Unknown	Months		Days			
Sex	Male	Color of Race	white	Birth- place	Unknown		
Occupation	Labover			Where Residing if not at place of death	Sparrows Pt		
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown	Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	"			Mother's Name	Unknown	Mother's Birthplace	"
Name of person giving Information	Joseph Hess			How related to deceased	No Relation		

CAUSES OF DEATH

Primary

Exposure

How long

12 hours

Immediate

Excessive drink

How long

3 hours.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

P. A. Dunnington

Address

203 Tonle Pt

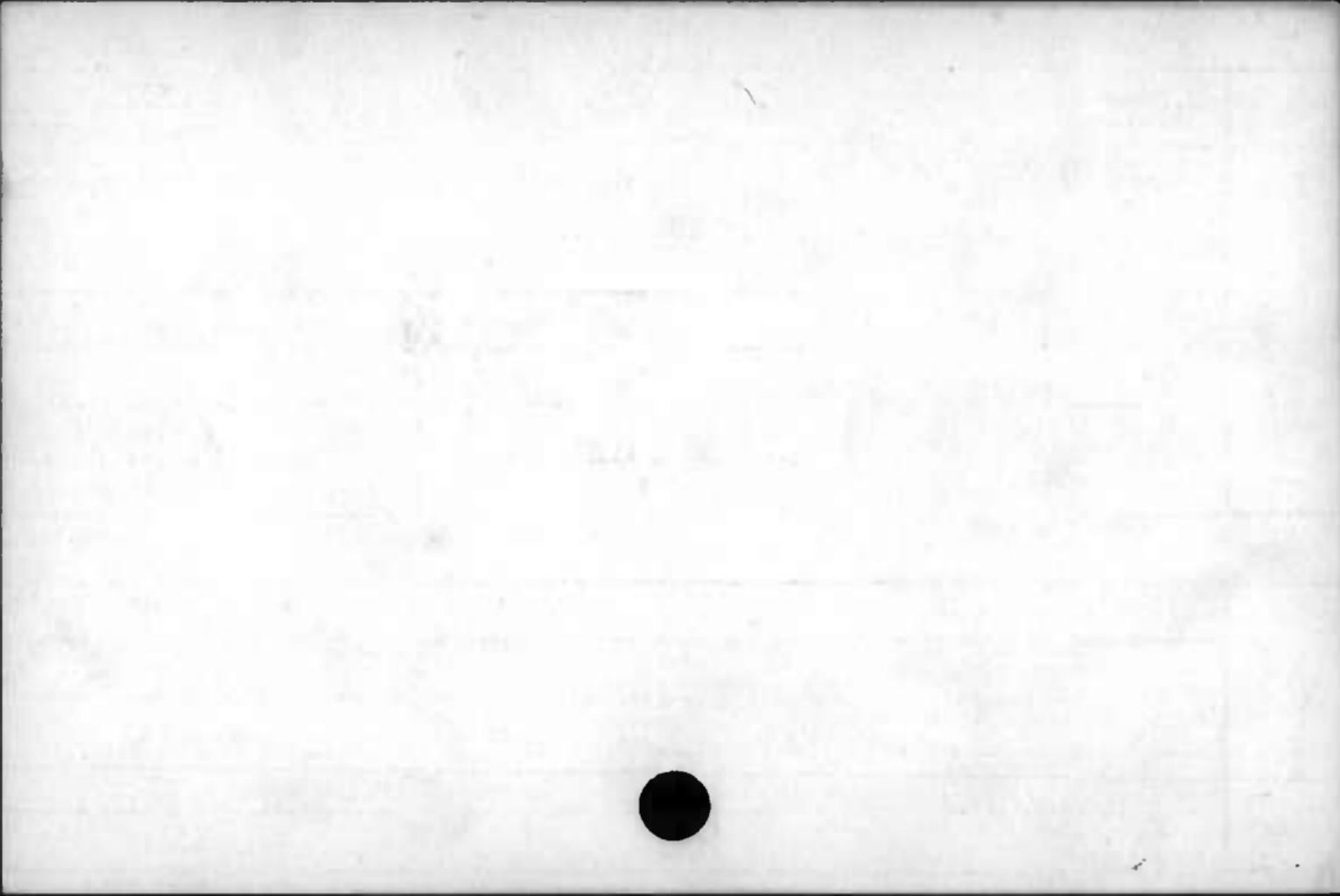
Accident or Suicide:

Natural

Coroner

PROSECUTOR  
CORONER  
McGuigan

1



Name  
in  
Full

Mckown, Male Child

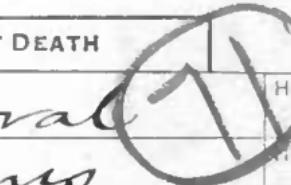
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Canton and Balto.		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	Feby	25	About	3		
Sex	Color or Race	Male white		Birth-place	Unknown	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Unknown				
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	"		Mother's Birthplace	"		
Name of person giving Information	Chas. Hardwell		How related to deceased	none		

CAUSES OF DEATH

Primary

Apparently Natural 

How long

Immediate

" Spasms

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

P.A. Dmugan

apparently natural causes.

Address

203. Zone St.  
Coroner

Accident or Suicide?

